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ABSTRACT

This document describes the Federal response to drug abuse and drug trafficking. The actions of President Reagan, in Executive Order 12368, establishing an official advisor on drug abuse policy matters, and the priorities, issues, and objectives (international cooperation, drug law enforcement, education and prevention, detoxification and treatment, and research) of the Administration's overall effort, are reviewed in an initial section. Each of the five major elements of the 1982 strategy is explored in detail in the following chapters. "Drug Abuse in the United States" presents information on the use of marijuana, cocaine, heroin, and other drugs such as sedatives/depressants, stimulants, hallucinogens, inhalants, and alcohol. The program for international cooperation is detailed in the next chapter, including foreign policy initiatives, crop control, development and enforcement assistance, regional strategies, and the roles and functions of international organizations. The section on drug law enforcement deals with border operations, domestic enforcement, intelligence, and prescription drugs. Education and prevention strategies highlighted include efforts of state and federal agencies, and programs sponsored by private business. The chapter on detoxification and treatment highlights financing, general health care, and private sector efforts. Research initiatives are also outlined. A special section on drug and alcohol abuse in the Armed Forces is included. The appendices contain the text of Executive Order 12368, a listing of federal departments and agencies with drug abuse program responsibilities, and a budget summary. (MCF)

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ED234289

Federal Strategy For Prevention of Drug Abuse and Drug Trafficking 1982

Prepared for the President pursuant to

The Drug Abuse Office and Treatment Act of 1972

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The White House

CG 016883

THE WHITE HOUSE

WASHINGTON

August 20, 1982

On June 24, 1982, I called for a major campaign against drug abuse in the United States.

This is a campaign we cannot afford to lose. It is distressing to learn that more than one third of our youngsters between the ages of 12 and 17 are using drugs or alcohol. While health of all Americans has been improving, the death rate for young Americans between the ages of 15 and 24 is now higher than 20 years ago. Alcohol and drug abuse are major contributors to this frightening trend.

Too often, ordinary citizens feel that they can do little to solve complex national problems. But drug abuse is different; here is a problem that can be solved through the efforts of individual Americans.

The time is past for debate and discussion. It is time for action. We intend to mobilize all our forces to stop the flow of illegal drugs into this country, to erase the bogus glamour that surrounds drugs, to let our Nation's kids know the truth, and to brand drugs such as marijuana for exactly what they are: dangerous.

We reject the advice of those who say drug abuse is so rampant that we are defenseless to do anything about it. Let's take down the surrender flag that has flown over so many drug abuse efforts. We are running up a battle flag in the fight against drug abuse and we intend to win.

Ronald Reagan

1982 Federal Strategy For Prevention of Drug Abuse and Drug Trafficking

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I. Overview

Introduction

Early in his Administration, President Reagan said drug abuse is "one of the gravest problems facing us internally in the United States." The President also indicated that his drug policy would include launching a nationwide campaign "because I think we're running the risk of losing a great part of a whole generation if we don't."

The Administration has embarked on an aggressive campaign to reduce the availability of illicit drugs through diplomatic initiatives and vigorous law enforcement action. The campaign includes enhanced education, prevention, research and treatment activities directed at the effects of drug and alcohol abuse on our lives and society.

The commitment of the Administration to reduce drug abuse is also reflected in the First Lady's travel and speaking in support of drug abuse prevention efforts by parents and private organizations. In January 1982, the President created the South Florida Task Force, headed by the Vice President, as a major new initiative against crime problems in Florida, including the massive drug smuggling and associated illegal financial activities. Also, the President established the Commission on Drunk Driving in March 1982 to heighten public awareness of this specific alcohol abuse problem and to serve as a catalyst for grassroots action.

Executive Direction

A major element of the Federal effort is the personal leadership of the President and involvement of his Cabinet in supporting the drug abuse reduction effort. The President has assigned a high priority to the drug abuse program and charged two Cabinet Councils with program responsibilities:

- The Cabinet Council on Legal Policy, aided by a Working Group on Drug Supply Reduction, focuses on the development and implementation of international and domestic efforts to reduce the supply of illicit drugs.
- The Cabinet Council on Human Resources, with a Working Group on the Health Aspects of Drug Abuse, is responsible for developing recommendations and overseeing the implementation of the health-related aspects of the Strategy.

The President has, by Executive Order 12368, formally designated the Director of the Drug Abuse Policy Office in the White House Office of Policy Development as his adviser on drug abuse policy matters. The Executive Order assigns responsibility to the drug abuse adviser for

coordinating and overseeing both international and domestic drug abuse functions by all Executive Agencies.

Thus, the President has established a system for White House oversight and coordination which will be used in implementing the Federal Strategy. Nine cabinet departments and over 30 Federal agencies are involved in the broad Federal effort. The President's budget for 1983 requested almost one billion dollars to support Federal drug abuse programs and to provide State governments with funding flexibility in meeting their own drug abuse priorities through the State block grants.

The Administration is committed to bringing the vast Federal, State, local government and private sector resources to bear on the full range of drug abuse problems. The President is calling for a similar commitment by all officials at other levels of government; by business; and by concerned individuals.

While the White House has a key role in providing leadership and coordinating Federal efforts, continuing support by the Congress also plays an important part in the efforts to reduce drug abuse in the United States.

The first Federal Strategy was published in 1973 in response to Congressional direction for "the development of a comprehensive, coordinated, long-term Federal strategy for all drug traffic prevention functions conducted, sponsored, or supported by any department or agency of the Federal Government" (21 U.S.C. 1161). The Federal Strategies published during the intervening years have provided direction to the national effort against drug abuse.

The 1982 Federal Strategy

The 1982 Federal Strategy for Prevention of Drug Abuse and Drug Trafficking sets the tone and direction for the Administration's overall effort to reduce drug abuse during the next several years. The Strategy sets forth the key elements of the Federal response to drug abuse problems and establishes a flexible framework within which agency administrators and policymakers will design and vigorously implement specific initiatives across the broad spectrum of domestic and international drug abuse prevention and control activities. The Strategy also serves as a source of information and guidance to assist and encourage the private sector in efforts to reduce drug abuse.

Priorities

The 1982 Federal Strategy is concerned with the widespread social and health problems created by the abuse of a number of drugs. The "most dangerous" drugs were given the highest priority in previous Strategies, with the understanding that as use and abuse patterns change, it would be necessary to modify older priorities and reallocate resources accordingly. Opiate abuse still causes serious problems in terms of criminality and personal suffering and the 1982 Strategy continues to recognize the need for a strong response to heroin. However, programs

must also respond to the large numbers of people and families who are suffering the direct and indirect effects of other drugs of abuse, including marijuana and alcohol. In 1982, the effects of drug abuse are being felt in nearly every family and every community throughout the United States. This broad social impact requires greater attention to the entire spectrum of drug abuse and requires feasible health and law enforcement priorities which address the drug problems in each geographic area.

The 1982 Strategy does not attempt to dictate from a national level the relative priorities for local responses to drug problems. While drug abuse is a menace to our entire society, the drug problems of a large city may be quite different from those of a small town. Each locality must determine its own priorities and must have the flexibility to fashion appropriate responses if we are to be effective in reducing drug abuse.

Our experience over the past decade proves that, regardless of the amount of Federal resources available, the success of the national effort ultimately depends on the dedication and the commitment of private industry, public organizations, and citizen volunteers -- especially in the area of education and prevention.

Important private efforts are underway in the United States to prevent drug abuse where it really counts; by individuals, in families, and in local communities. The highly successful Parent Movement, described in the Education and Prevention chapter of this Strategy, is a dramatic indication of the intense concern across the country and the willingness of people to get personally involved in solving drug abuse problems that touch their lives. Significantly, the Parent Movement has grown with little financial support from the government.

The 1982 Strategy recognizes the network of Federal, State, and local government activities, as well as the expanding private sector efforts directed at reducing drug abuse. Therefore, the challenge of the Strategy is to seek the optimum use of this network in reducing the effects of drug abuse on our society as a whole, and on each individual citizen. *Described simply, real success is achieved when those people most affected by drug and alcohol abuse are directly involved in solving their own problems.*

Issues and Objectives

The Strategy is a comprehensive approach to reducing the availability of illicit drugs and reducing the adverse effects of drug abuse on the individual and society. Fundamental to the overall supply reduction effort is eliminating illegal drugs as close to their source as possible.

The five major elements of the Administration's drug program are:

- International Cooperation
- Drug Law Enforcement

- Education and Prevention
- Detoxification and Treatment
- Research

The Federal Strategy supports the continuation of those activities that have proven to be successful and the discontinuation of programs that have completed their purpose or have proven unproductive. As more flexibility is provided to the States in managing the delivery of drug abuse treatment and prevention services under the Alcohol and Drug Abuse and Mental Health Services Block Grant, the Federal role will be to provide national leadership, working as a catalyst in encouraging the efforts of State and local governments and the private sector, and to pursue those drug abuse functions which lie beyond the jurisdiction and capabilities of the individual States.

International Cooperation

In the areas of *international cooperation*, the President has stated that he is committed to a drug enforcement Strategy that "...vigorously seeks to interdict and eradicate illicit drugs, wherever cultivated, processed or transported."

Drug abuse is a world wide problem requiring multinational initiatives. The Administration is undertaking the development and implementation of a long-range, organized effort to eliminate illicit drugs at their source and to interdict illicit drugs in transit. Specific initiatives include:

- Encouraging and assisting other countries to develop programs to eradicate illicit drugs grown or produced within their borders and to address their own drug problems.
- Including drug control-related clauses in relevant international agreements.
- Encouraging the international banking community to include drug considerations in their lending and operating protocols.
- Exploring, with foreign governments, ways to monitor and to impede the substantial cash flow generated by illicit drug transactions.
- Participating in international drug control and enforcement organizations to gain greater cooperation among all nations in which illicit drugs are produced, transited, and/or consumed.

A more detailed description of the international program is contained in the International Cooperation section of this Strategy.

Drug Law Enforcement

In the *law enforcement* area, our goal is to reduce the availability of illicit drugs in the United States. Specific initiatives include:

- Effectively investigating and prosecuting criminal activities associated with drug trafficking.
- Improving cooperation and coordination among Federal, State and local law enforcement agencies.
- Revising laws, regulations and operating priorities to strengthen the drug enforcement effort.
- Continuing efforts to intercept drug traffic on the high seas and to interdict drugs coming across our borders.
- Making increased use of military information and equipment to assist civilian law enforcement activities.
- Encouraging eradication of illegal drugs produced in the United States.

A more detailed description of the law enforcement program is contained in the Drug Law Enforcement section of this Strategy.

Education and Prevention

In the areas of *education and prevention,* the Administration is embarking upon a comprehensive, long-term campaign to discourage drug and alcohol use among school-age children (youth under the age of 18) and to reduce the demand for illicit drugs in all age groups.

Education: Our goal is to educate the parents of school-age children about drugs and how to recognize and deal with drug abuse in their homes, schools and communities.

- Government cannot do this job alone. By capitalizing on the tremendous potential of voluntary citizen efforts, of individuals, groups and organizations, we will tap the most important natural resources of this country -- our citizens.
- We will promote the family unit -- the primary socializing mechanism of society -- as the best vehicle for discouraging drug abuse by school-age children. Parents are especially effective in preventing the use of marijuana and alcohol -- two of the most common drugs of introduction into regular drug use.
- Private business, labor organizations, and the "influencers of youth" -- mass media, the entertainment industry, and the sports establishment -- must use their unique abilities to

deglamorize the drug scene and raise concern about drug and alcohol abuse.

- Each State Governor should identify and use community leaders to advise and assist with drug and alcohol abuse prevention and control activities in his State. These leaders can serve as focal points for developing initiatives, supporting volunteer activities in the private sector, and providing advice on governmental programs.

Prevention: Our goal is to reduce the level of drug use among all Americans, but especially among school-age children for they are the future of our country. A specific objective is to reduce the daily use of drugs by 30 percent as measured by the 1984 NIDA High School Senior Survey.

- Prevention efforts for school-age children should concentrate on alcohol and marijuana, the two most common drugs of introduction into regular drug use.

- Prevention efforts must address peer pressure to use drugs. According to youngsters in a drug treatment program in Florida, they said "no" to drug use from three to five times before their first drug experience. While it is important that youngsters be taught to resist negative peer pressure, many youngsters have achieved success in influencing their peers not to use drugs. This positive peer pressure has great potential for inhibiting drug use and can be useful in affecting total behavior.

- Parents, local service groups and business can work to provide wholesome recreational and community service activities as alternatives to drug use. Many young people claim that they took drugs because everyone else was doing it, they were bored, and there was "nothing to do."

- Prevention efforts must address the problem of drunk driving. Motor vehicle accidents are the leading cause of death among young people -- and alcohol is very often involved. Further, the use of marijuana and alcohol together create a deadly combination. A continuing public information and education effort, working through community, social, and business groups, is needed to emphasize individual responsibility with particular attention to driving while intoxicated.

- The Administration will be working with physicians, pharmacists, and research organizations to find ways to reduce the abuse of prescription and over-the-counter drugs.

A more detailed description of the drug abuse education and prevention program is contained in the Education and Prevention section of this Strategy.

Detoxification and Treatment

The *detoxification and treatment* programs in the United States have grown from 183 in 1968 to 3,449 in 1980. Almost half of these operate without Federal funding. Approximately two-thirds of the funding for these 3,449 programs was from State and local government or private sources and one-third from Federal funds.

Federal funding through the 1970's was used to promote the growth of this treatment capability. In 1982, the Federal share of treatment support was incorporated in the State block grants. Facilities that have been receiving Federal funds may receive a share of the block grant funds or seek additional funding from other sources.

The Federal government will continue to meet the longer-term responsibility of conducting research into the causes and effects of drug abuse and providing information and guidance to help States design treatment responses to the drug problems of their local communities. Emphasis will be placed on:

- Integrating drug and alcoholism treatment services into the general health care system.
- Encouraging private industry, religious groups, private organizations, and State agencies to work together to support treatment programs.
- Promoting drug-free treatment programs.

A more detailed description of the detoxification and treatment program is contained in the Detoxification and Treatment section of this Strategy.

Research

In the area of *research,* the Administration will promote the production and timely dissemination of understandable information about drugs for use by health care professionals, researchers, educators, and the public. Research will emphasize:

- Producing accurate and clearly written information about drugs and making this information widely available to be used as a credible source of information.
- Continuing to support longitudinal and epidemiological research to expand our knowledge of drug and alcohol use patterns and the long term effects.
- Emphasizing basic research into the biological and psychological determinants of drug and alcohol abuse.

- Giving priority to research into the development of chemical agents (called agonists and antagonists) that will block or change the expected physiological reaction to a drug.

A more detailed description of the research program is contained in the Research section of this Strategy.

The Armed Forces

Drug and alcohol abuse by members of the *Armed Forces* is a continuing concern. The Department of Defense has established a strong policy based on the conclusion that alcohol and drug abuse are incompatible with the maintenance of high performance standards, military discipline, and combat readiness. The Department of Defense is expanding prevention programs, including:

- Increased emphasis against the use of drugs and alcohol, especially while on duty.
- Continued development and refinement of drug monitoring and assessment efforts, including urine testing for cannabis use.
- Use of urinanalysis results in disciplinary proceedings.

A more detailed description is contained in the section of the Strategy titled Drug and Alcohol Abuse in the Armed Forces.

Summary

The Federal Strategy calls for a comprehensive program to reduce drug and alcohol abuse in the United States. The program will rely heavily on integrated and cooperative efforts of Federal, State, and local governments, as well as on the close involvement of the private sector -- both the business community and volunteers.

The Federal Strategy does not identify an individual drug as an exclusive priority for law enforcement or for health-related activities. The 1982 Strategy is intended to provide a flexible framework responsive to local priorities based on the nature of drug problems and drug trafficking threats which exist in a particular geographic area.

The principles set forth in the Strategy are guidelines which are intended to respond to current drug and alcohol problems, to support successful drug control and prevention activities, and to promote innovation. They are designed to take full advantage of the almost unlimited potential for cooperative citizen effort in support of the goal of reducing drug and alcohol abuse in the United States.

II. Drug Abuse in the United States

Introduction

Drug abuse in the United States exacts a heavy toll from our society, both in terms of economic cost and human suffering. An October 1981 study, prepared by the Research Triangle Institute (RTI) for the Alcohol, Drug Abuse and Mental Health Administration, estimated that the minimal cost of drug abuse to the United States economy in 1977 was over $16 billion. Of this amount, young males (ages 18 to 24) paid a high penalty, with more than $3 billion due to lost employment and reduced productivity.

The RTI study is admittedly conservative. Economic costs to society were defined by the disease-oriented approach of the study as costs of health care, costs of security and the criminal justice system, and losses in productivity due to morbidity, premature mortality, incarceration, or involvement in criminal activity. Not included as economic costs to society were consumer expenditures for illicit drugs, the transfer of illicit drug monies from the United States to other countries, or the substantial costs to the individual of violent or property crime associated with drug abuse. Finally, it is difficult to place a dollar value on the pain, suffering and family disruption that often accompany drug abuse, but these costs are well understood by those who are affected.

Brief summaries of the estimated levels of use, supply, and sources of specific drugs are provided in this chapter. Data on the extent and nature of drug abuse in the United States and on the estimated availability of illicit drugs are derived from several sources:

- The 1980 and 1981 surveys of drug use among high school seniors;
- The Client Oriented Data Acquisition Process (CODAP) -- 1980-1981 information from people in Federally funded drug treatment programs;
- The Drug Abuse Warning Network (DAWN) -- data on drug-related episodes reported from hospital emergency rooms and medical examiners' offices;
- The 1979 National Survey on Drug Abuse -- data on nonmedical use of drugs gathered from representative American households;
- The National Narcotics Intelligence Consumers Committee (NNICC) -- data on illegal drug production and drug traffic.

Additional information comes from research activities also supported by the Department of Health and Human Services. Reviews of current literature on the health effects of marijuana are contained in the

report entitled *Marijuana and Health* by the National Academy of Science and the biannual report to Congress on current research, also called *Marijuana and Health*. Current information on the health consequences of using alcoholic beverages is contained in the triennial report to Congress entitled *Alcohol and Health*. In addition, the National Academy of Sciences recently completed a systematic analysis of alternative approaches to the prevention of alcohol-related problems entitled *Alcohol and Public Policy: Beyond the Shadow of Prohibition*.

Drugs of Abuse

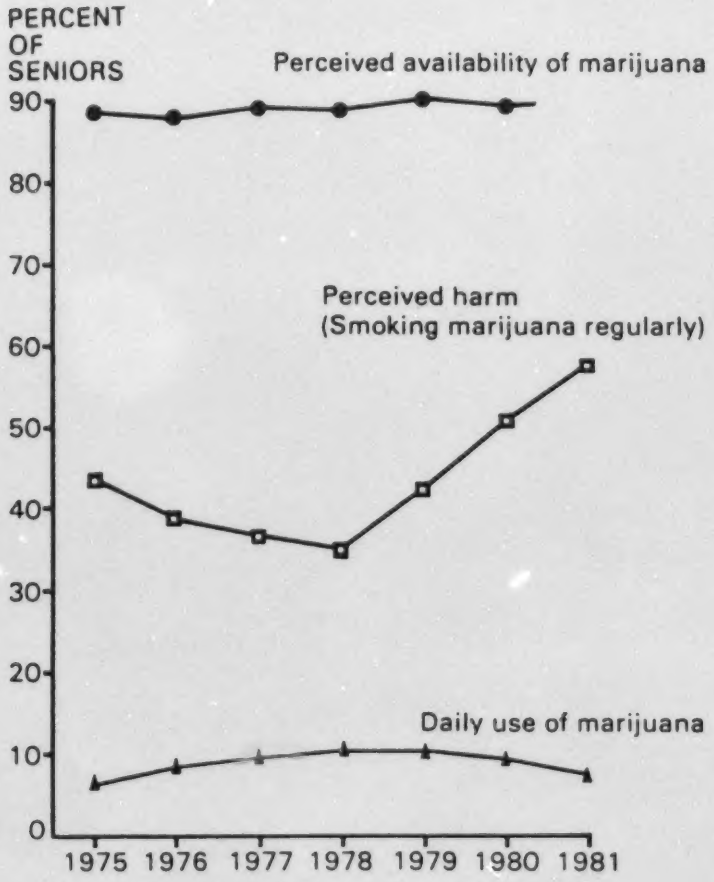
Marijuana

Marijuana, the most commonly used illicit drug in the United States, is an intoxicant which can produce hallucinations. In the most recent survey of the general population, 22.5 million people were estimated to be current users.

Marijuana is available throughout the nation; in rural areas as well as in big cities. Research shows that, while youthful experimentation with cigarettes and alcohol does not automatically lead to marijuana use, those who do use marijuana usually have started with cigarettes and alcohol. Further, marijuana use usually exposes the individual to conditions associated with the use of other illicit drugs.

While marijuana remains the illegal drug most frequently reported in national drug use surveys, surveys of high school seniors revealed a number of significant changes during the past three years in the attitudes of those young people toward marijuana. In the 1981 survey, seniors were more concerned about the health consequences of regular marijuana use and were more likely to feel the disapproval of their peers. In 1981, one in every 14 seniors reported using marijuana on a regular basis, which is a substantial improvement over the 1978 peak of one in every nine. The reported change in attitudes suggests that strong reinforcement of education and prevention efforts could produce a significant reduction in marijuana use.

Demand Reduction of Marijuana Use



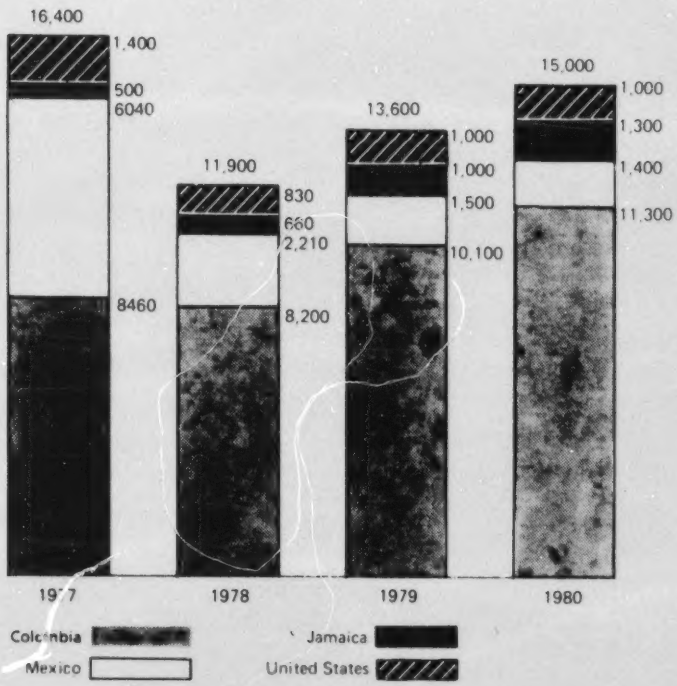
Source: National Institute on Drug Abuse

The data on health consequences of marijuana use demonstrate a series of significant risks and dangers in such areas as: intellectual functioning; driving and skills performance; cardiovascular effects; pulmonary effects; effects on the immune response; brain damage; psychopathology; reproductive effects; and chromosomal abnormalities.

In 1980, Colombia supplied approximately 75 percent of the estimated 10,000 to 15,000 metric tons of the marijuana supply in the United States. The remainder came from Jamaica (10 percent), Mexico (8 percent), and domestic production (7 percent).

Estimated Supply of Marijuana to the United States Market 1977-1980

(in Metric Tons)



Source: Drug Enforcement Administration

Because of its bulk, smuggling of marijuana is primarily by sea. Effective overseas eradication programs could have a significant impact on the supply of marijuana because of the relatively few major source countries. Increased production of marijuana within the United States could present a significant problem to law enforcement agencies because of the potential for cultivation in every state. Also, domestic production includes the marijuana type known as sinsemilla which is a high potency variety with greater potential health problems.

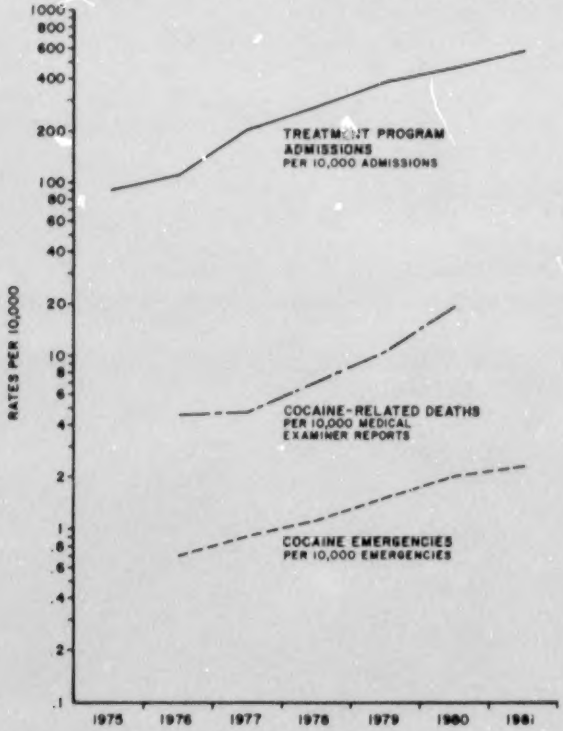
Cocaine

Cocaine is a powerful stimulant which creates strong psychological dependence. According to the most recent national survey, over 4 million people are current users of cocaine. Well over half were in the 18 to 25 year age group.

Cocaine use by high school seniors increased sharply between 1976 and 1979. This rise has apparently leveled off according to the 1981 high school survey, but there are large regional differences. Use continued to increase in the West and Northeast while falling in the South and North Central regions.

Since 1976, hospital emergency rooms have reported sharp increases in cocaine-related visits. The number of individuals entering drug abuse treatment for cocaine abuse has increased fivefold since 1976 and deaths related to cocaine use have increased threefold since 1976. Recent research information indicates that these increases in morbidity and mortality may be related to changing patterns of use such as injection, smoking the drug, and a general overall increase in prevalence and frequency of use, either alone or in combination with other drugs.

Rates of emergencies, deaths, and treatment program admissions associated with primary cocaine use, DAWN and CODAP, United States, 1975-1981*



*Preliminary data for treatment program admissions in 1981.
Source: National Institute on Drug Abuse Statistical Series D, U.S. Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse and Mental Health Administration.
Drug Abuse Warning Network, DECHIST 1981 Tape, National Institute on Drug Abuse, U.S. Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse and Mental Health Administration.

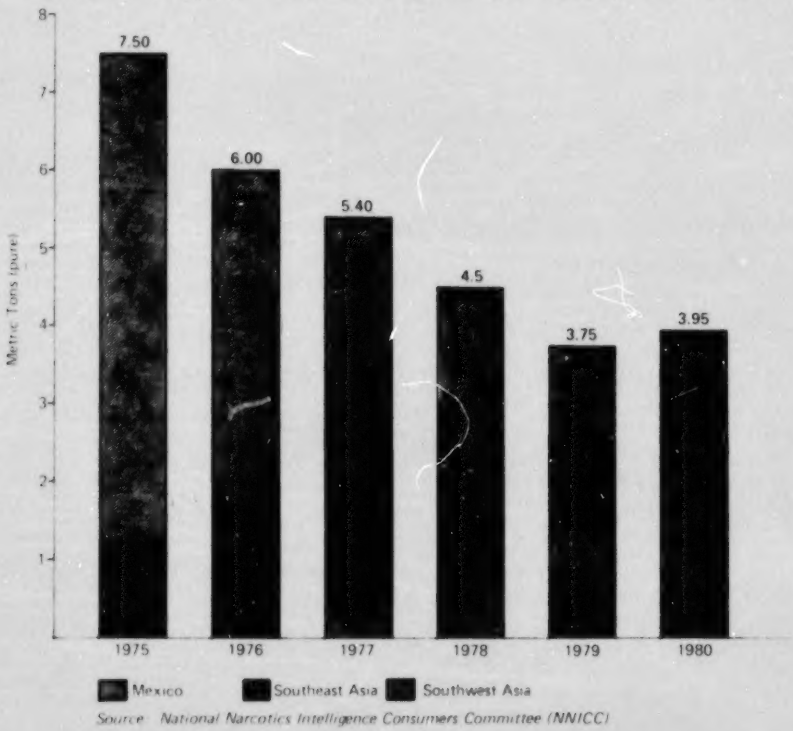
Estimates of cocaine consumed in the United States vary widely: from 8 to 21 metric tons in 1979. The primary areas of coca cultivation are in Peru and Bolivia. About 20 to 30 percent of the production is licitly grown for world pharmaceutical needs and for indigenous use. Availability of cocaine is expected to increase during the mid-1980's, particularly if new coca bush plantings in Colombia are allowed to mature and produce. Coca leaf is processed into cocaine, primarily at illicit laboratories within Colombia, and is smuggled into the United States primarily by private and commercial aircraft. During the past year, seizures of record size have been made by U.S. law enforcement agencies directed at attempts to smuggle cocaine into the country.

Heroin

Heroin is a narcotic which produces physical dependence. Estimates of the numbers of heroin addicts have remained relatively stable, at about one-half million, since the mid-1970's. Most of the available data indicates that the current users are predominately older, former addicts. This suggests that there is a decline in new, young users and that present users are from the group of people who began using heroin during the "heroin epidemic" in the late 1960's and early 1970's. The heroin problem appears primarily in major metropolitan areas, particularly in the Northeast corridor between New York City and Washington, D.C. Although the number of heroin addicts is low compared with the number of people who use other drugs, heroin ranks high on the list of drugs responsible for drug overdoses and deaths in the United States.

An estimated 4 metric tons of heroin were smuggled into the United States in 1980, a slight increase over 1979. About 60 percent was refined from opium cultivated in Southwest Asia -- Pakistan, Afghanistan, and Iran. Mexico accounted for 25 percent of the supply. The balance came from the Golden Triangle of Southeast Asia -- Burma, Northern Thailand, and Laos.

Estimated Supply of Heroin to the United States, 1975-1980



Source: National Narcotics Intelligence Consumers Committee (NNICC)

During the past decade, the United States supported two major efforts to control heroin at the source; in Turkey and in Mexico. In 1980, for example, the 25 percent supplied from Mexico was in sharp contrast to five years earlier when Mexican heroin accounted for over three-fourths of the U.S. supply. This reduction is a direct result of the Mexican Government's aggressive opium poppy eradication campaign.

Other Drugs

A significant portion of the drug abuse problems in the United States involves drugs manufactured in illicit laboratories or diverted, domestically or abroad, from legitimate laboratories or pharmaceutical sources. The Strategy addresses those drugs causing the greatest concern.

Diversion from legitimate U.S. manufacturing and distribution channels accounts for virtually all controlled pharmaceuticals on the illicit market with the exception of methaqualone and amphetamine products. Such diversion occurs through thefts, burglaries, hijacking and fraudulent prescribing and dispensing practices.

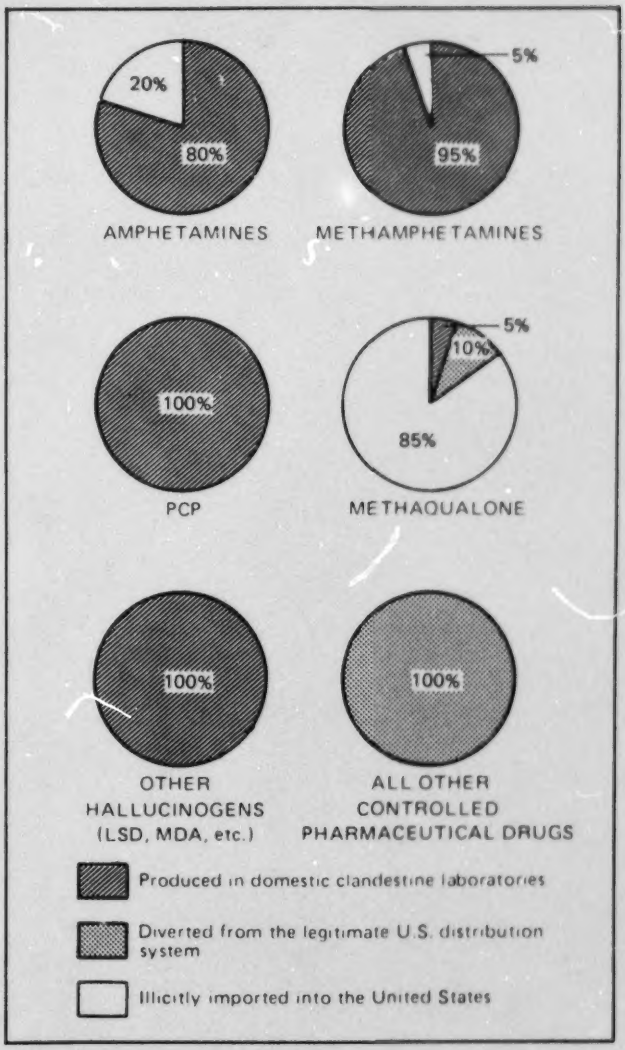
Sedatives/Depressants

According to the most recent national survey of drug use, over one and one-half million people used a sedative in the past month for a nonmedical purpose. Among these drugs, methaqualone and the barbiturates are of particular concern.

Methaqualone is a sedative/hypnotic drug with limited medical use. It is commonly known by the brand name Quaalude®. A substantial increase in the illicit availability of this drug has contributed to drug abuse problems, particularly among young people, in the past few years. Last year, methaqualone use in some local areas presented greater problems than any drug other than alcohol. The use of methaqualone among high school seniors has risen sharply since 1976 and continued rising in 1980 and 1981. In 1980, approximately two-thirds of methaqualone-related emergency room visits and methaqualone-related deaths were a result of the use of this drug in combination with other drugs, most frequently alcohol. Among the more alarming adverse consequences of methaqualone is its negative effects on motor response, presenting significant dangers to highway safety.

In 1981, law enforcement authorities seized over 57 metric tons of methaqualone in illicit channels of distribution, mostly destined for the illicit U.S drug market. This compared with 12.6 tons seized in 1980. Estimates for 1980 and 1981 indicate that at least 120 tons of legitimate methaqualone powder produced abroad were diverted each year for illicit purposes. An estimated 85 percent of the illicit supply of methaqualone was smuggled from Colombia and Mexico, where counterfeit tablets were manufactured from bulk powder.

Estimated Derivation of Supply of Selected Drugs in the U.S. Illicit Market in 1980



Source:
National Narcotics Intelligence Consumers Committee (NNICC)

The continuing decline in non-medical use of barbiturates is paralleled by similar declines in adverse health consequences as reported by hospital emergency rooms and medical examiners. Among high school seniors, barbiturate use has dropped sharply since 1975 and continued to drop in 1981, although more gradually. Despite this decline, barbiturates are still a serious concern because overdose may result in major respiratory and circulatory problems, leading to coma or death.

Tranquilizers are widely used for legitimate medical purposes and approximately 20 percent of the people admitted to hospital emergency rooms for drug-related problems reported problems with tranquilizers.

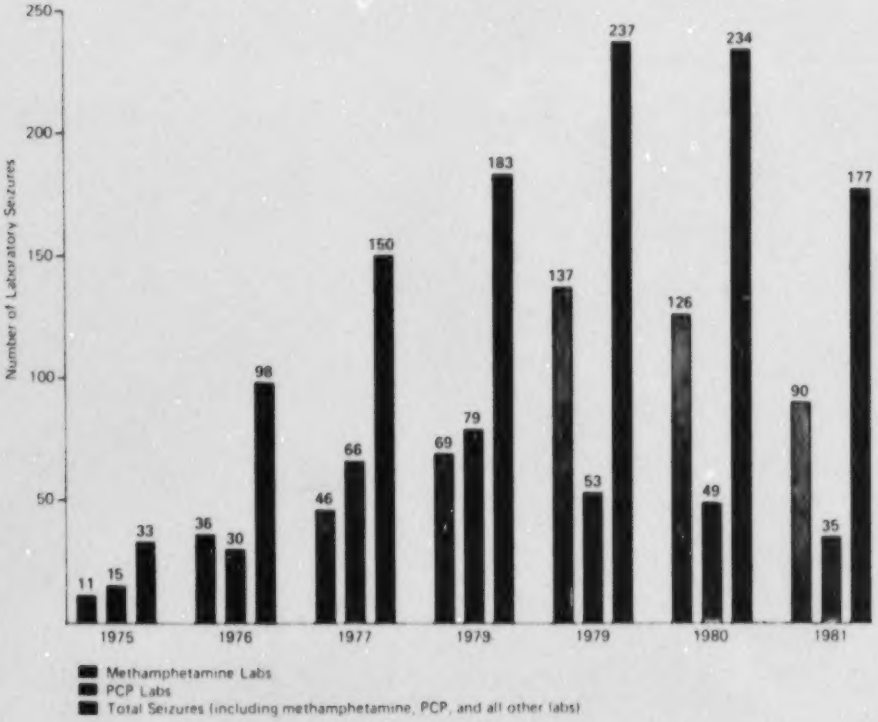
Stimulants

Almost two million people use a stimulant drug for non-medical purposes each month, according to the most recent national survey on drug use.

Among high school seniors, stimulant use has nearly doubled since 1975. It is likely that a large share of this increase, as reported in the 1981 seniors survey, is due to bogus amphetamine drugs, known as "look alikes," and the improper use of over-the-counter diet aids.

In 1980, clandestine domestic laboratories produced an estimated 80 percent of the amphetamine and 95 percent of the methamphetamine available in the United States.

Domestic Clandestine Laboratory Seizures



Source: Drug Enforcement Administration

Hallucinogens

The most recent national drug use survey indicates that almost two million Americans used a hallucinogenic drug other than marijuana during the month preceding the survey. About three-fourths were young adults between 18 and 25 years old.

Lysergic acid diethylamide (LSD) and phencyclidine (PCP) are the two hallucinogenic drugs of greatest concern. Domestic clandestine laboratories produced virtually all of the LSD and PCP offered for sale. After a continuing decrease through the late 1970's, LSD increased slightly in 1979 and 1980, primarily in the larger urban areas of the East and Midwest.

A few years ago, PCP use among young people caused great alarm due to substantial increases in reports of bizarre behavior associated with the drug. Since 1979, PCP use has dropped by about one-half among high school seniors, and current information on nationwide use shows a decline in PCP-related hospital emergency-room episodes and deaths. PCP remains a significant problem in selected local areas.

Regulatory controls placed on PCP precursors, combined with intensified law enforcement attention to laboratories and sales, and increased public awareness of the dangers of PCP are believed to be responsible for the recent decline in PCP use.

Inhalants

Inhalants are a diverse group of chemicals that produce psychoactive (mind-altering) vapors and includes a number of common products such as aerosols, gasoline, some glues, solvents, and butyl nitrites marketed as "room odorizers." Almost one and one-half million people used inhalants in the month preceding the latest survey and more than one-half were young people under the age of 18. Sniffing moderate amounts of inhalants for even a relatively short time can disturb vision, impair judgment and reduce muscle and reflex control. Death from sniffing inhalants occurs suddenly, without warning, as a result of suffocation, respiratory collapse, or heart failure. About 140 people died from abusing inhalants, solvent, and aerosols in 1979.

Alcohol

Alcoholic beverages are widely and legally available to adults and have a relatively high level of acceptance in American society. However, approximately 10 million Americans are problem drinkers. In addition, approximately 3 million young people aged 14-17 have problems with the use of alcohol. Alcohol use in conjunction with other drugs is the most frequently mentioned drug problem in emergency room episodes and drug-related deaths.

The relationship between drinking and automobile accidents is of particular concern. Motor vehicle accidents are the leading cause of

death among young people (aged 15-24) and alcohol is very often involved. The charter of the President's Commission on Drunk Driving is to heighten public awareness of the drunk driving problem and to serve as a catalyst for grassroots action.

III. International Cooperation

Introduction

President Reagan has said he would establish "a foreign policy that vigorously seeks to interdict and eradicate illicit drugs, wherever cultivated, processed or transported." The Administration has subsequently pursued a vigorous implementation of this policy.

Drug abuse is a major national and international issue, having adverse social, political, and economic impacts on producer and transit countries, as well as the consumer nations. We are determined to reduce the effects that illicit drugs have on the American people and drug abuse issues will continue to be integrated into our foreign policy. The United States will continue to assist the governments of producer and transit nations, on a priority basis, but, the U.S. Government will be insistent that these governments gain control over the cultivation, production, and distribution of illicit drugs as is their responsibility under international treaties.

The ultimate goal of the international program is to reduce the availability of illicit drugs in the United States. Over 90 percent of the illicit drugs consumed in the United States are produced in foreign countries. The worldwide supply of marijuana, cocaine, heroin and other drugs is large and of diverse origin. The top priority is crop control at the source through destruction of illicit crops in the fields and reducing licit production to remain within legitimate needs. The second priority is stopping the transportation of illicit drugs as close to their source as possible.

Key strategy objectives are:

- Strengthening the State Department programs and law enforcement efforts to assist foreign governments in stopping the production and transportation of illicit drugs within source nations and improving interdiction efforts in transit nations.
- Encouraging and assisting governments of producer countries to undertake crop control programs.
- Developing innovative mutual assistance treaties with foreign governments directed at facilitating judicial actions against the drug trade, at seizing assets derived from drug trafficking, and at banking procedures which conceal illicit drug transactions.
- Encouraging other nations to support international narcotics control programs, financially and with other resources, including development assistance linked with crop control and cooperative law enforcement efforts.

- Encouraging international development banks to incorporate clauses in their loan agreements prohibiting any use of development assistance to enhance the growing of illicit drug crops.
- Curtailing the diversion from legitimate international commerce of pharmaceuticals and chemicals essential to the manufacture of illicit drugs.
- Increasing the effectiveness of international organizations involved in international drug control.

Basic Principles

The basic principles of the United States international drug policy are:

1. *Each country has the responsibility for reducing the supply of illicit drugs within its own borders.* The Single Convention on Narcotic Drugs and the Convention on Psychotropic Substances provide an international drug control framework for signatory nations. All of the major producer nations are signatories to the Single Convention which requires establishing controls limiting the production, manufacture, and distribution of opium, cocaine, marijuana and their derivatives. Signatories of the Psychotropic Convention are required to establish controls on the importation and exportation of psychotropic substances such as amphetamines, methamphetamines, methaqualone, and barbiturate substances. All nonsignatory nations have been requested by United Nations resolution to establish such controls.

This Administration rejects the contention that drug abuse is particularly an American problem, or a problem of Western civilization, and rejects the contention that the United States has the primary responsibility for solving this problem.

2. *The international community should seek to assist those nations which require help.* Because of political and economic considerations, some countries need help in solving drug problems. As a concerned member of the world community, and as a severely affected nation, the United States Government supports a program of bilateral and multilateral assistance for crop control, interdiction and demand reduction programs, and we encourage other governments, especially the governments of other industrialized nations, to participate fully in these international control efforts.

The United States international illicit drug control program emphasizes specific objectives for each of the three major production regions: Latin America, Southeast Asia, and Southwest Asia. We provide bilateral assistance to producer and transit countries in all three regions -- an effort which is aided by our multilateral approaches through international organizations, and, by the bilateral and multilateral programs of other concerned governments. The program also includes

controls on the diversion of licit drugs to illicit trafficking and consumption.

3. *Illicit drug cultivation and production at the source must be controlled.* The United States Government is applying more emphasis on crop control at the source in bilateral programs and is encouraging support of this activity in programs conducted by international organizations. Because of political and economic considerations, crop reductions in some producer countries are not feasible unless assistance is given to alleviate the resulting political reactions and economic effects on farmers and local economies. Therefore, development assistance has an important role in reducing the production of illicit drugs.

Foreign Policy Initiatives

The Strategy recognizes that the international illicit drug control program can be only as effective as the national programs of the governments with which we negotiate and collaborate. Our diplomatic challenge is to raise international consciousness of the illicit drug issue so that acceptance of national responsibility becomes an international reality, evidenced in increased action by affected governments -- producer nations, transit nations, and consumer nations. Therefore, the strategy of the United States is a multi-faceted policy and program approach addressing all of the international aspects of the drug abuse problem:

- The cultivation, production and distribution of drugs;
- The flow of profits associated with illicit drugs;
- The effects on other countries as well as the United States; and
- The development of broad-based, multinationally-supported control programs.

The United States' international drug control program includes:

- Diplomatic initiatives by the President, the Secretary of State, Ambassadors, and by the senior officers and staffs of Federal departments and agencies;
- Crop control, enforcement, demand reduction, development assistance, and information exchange programs;
- Multilateral efforts through international and regional organizations, research and intelligence activities; and
- Agreements with producer and transit nations, as the key to implementation.

The diplomatic initiatives are the essential first step in the international process, and these efforts are directed toward two broad

objectives: improving and expanding our relationships with the primary drug producing and transit countries, and, encouraging international participation by other developed nations.

Crop Control

Crop control can take many forms: chemical eradication, which is used by Mexico in its opium and cannabis control programs; manual eradication, which Burma and Colombia practice to control opium poppy and coca leaf cultivation, respectively; or government bans on cultivation which are successfully enforced in Turkey.

In its negotiations with producer countries, the United States assigns its highest priority to crop control, but recognizes that comprehensive crop control agreements may not be possible in all areas. The United States is reliant upon agreements with and effective action by host governments. The current political situation makes it difficult for the United States to deal directly with Laos, Afghanistan, and Iran -- all illicit opium producers.

Illicit drug production generally occurs in remote areas of the producing countries -- areas which are often beyond the effective control of the central government, populated by people who have traditionally cultivated these crops, and whose basic economic self-interest outweighs their consideration of the problems created by their harvests.

The conditions which are considered ideal for achieving control are:

- An awareness and acceptance by the central government of the national and international effects of their domestic cultivation and production; and
- A government which has the political will and capability to enforce control policies.

These conditions, which were critical to the success of the control programs in Turkey and Mexico, are not universally present in other producer countries.

The United States strategy, therefore, involves several steps. As a first step, the United States pursues diplomatic means to heighten the awareness of the governments of producer countries of not only the international effects of this cultivation and production, but also the internal effects on their own people. Such efforts are currently being enhanced by the increasing awareness, by some governments, of their domestic drug abuse problems created by this production.

The next step is to encourage the government to demonstrate its commitment to crop control through scheduled reductions in cultivation and production. The United States attempts to enhance this effort by producer countries to meet their international obligations -- and to bolster their political willingness -- through bilateral assistance programs, and through multilateral programs and diplomatic efforts directed through other governments and/or international organizations.

As discussed in more detail below, these efforts may include developmental and other forms of economic assistance, such as income replacement programs. However, the primary responsibility for action rests with the government of the producer country, and foreign assistance cannot be a substitute for political will, adequate laws, and a concerted effort by such governments to achieve control of production and distribution.

Development Assistance

Development assistance can be an effective component of a control program because an illicit drug producing area is usually an underdeveloped region in a country and its population may be economically disadvantaged. Development programs can produce alternative sources of income to the farmers, and also increase host government presence and services in the area and enhance the government's ability to institute illicit drug control measures.

The social, political, and economic consequences of change must be considered in developing a drug control program. Reducing the economic incentive to grow illicit crops, as part of a long-term goal of controlling production, has increased in importance over the past decade. While law enforcement and technological assistance may greatly improve a nation's ability to destroy illicit crops or interdict drug shipments, production in some areas is likely to continue unless the people involved are offered reasonable economic alternatives. Income replacement programs, including crop substitution, are useful for remote farmers whose involvement in illicit crop production may be their only source of income. In some countries, such development assistance is essential to obtaining and implementing the control agreement.

The United States' policy is that drug-related development assistance agreements, planned with the full involvement of host governments, should be conditioned upon concurrent agreements to reduce illicit drug production and evidence of the host government's commitment.

Enforcement Assistance

Another major goal in the international program is to encourage concurrent, strong enforcement and control measures by the host government in all source and transit countries. The Strategy includes:

- Cooperation with foreign drug control agencies including collection and sharing of intelligence on illicit drug production and trafficking;

- Bilateral assistance for equipment, training and technical services designed to strengthen foreign drug control programs; and

- Participation in and support for international regional organizations concerned with drug control.

Cooperative activity with foreign law enforcement agencies, including the stationing of U.S. personnel abroad to provide advice, training and technical assistance is conducted by the Drug Enforcement Administration (DEA), the U.S. Customs Service, and the U.S. Coast Guard.

The Strategy supports the law enforcement coordination role of two international bodies. The International Criminal Police Organization (INTERPOL) provides coordination and communications for enforcement agencies with investigative responsibilities abroad and supports 125 member nations. The Customs Cooperation Council (CCC) encourages uniformity and cooperation in illicit drug control among international Customs systems.

Reducing the Demand for Drugs

The preceding approaches are directed at reducing the supply of drugs. However, the international community has a unique capability of influencing the demand for drugs through the deterrent effect of vigorous law enforcement combined with information exchange programs, briefings, technical assistance, training, treatment demonstration projects, and conferences in producing and transiting countries. The strategy in international demand reduction includes:

- Encouraging the governments of producing and transiting countries to recognize that their populations also can be victims of drug abuse, and, thereby enlisting their cooperation in international drug control.

- Encouraging recognition of the social and economic effects of the immense sums of illegal money that challenge the legitimate economies of some nations.

- Fostering an increased awareness on the part of other industrialized nations and their governments of their domestic drug abuse problems, both to stimulate internal prevention efforts and to encourage their participation in international drug control efforts.

- Providing technical assistance in planning and developing demand reduction programs.

- Achieving active participation of international organizations and nongovernmental groups, where appropriate.

Latin America Regional Strategy

Latin America country projects continue to gain in importance due to the increasing amounts of marijuana, cocaine, and methaqualone coming from that region. The United States Government's goal for this region is to reduce coca production to the level required for traditional domestic consumption and licit needs, and eliminate marijuana before it leaves the country of origin. To curtail the international flow of illicit marijuana and cocaine from Latin America, the U.S. strategy in negotiating agreements focuses on reducing coca production through crop control and increased enforcement assistance; close coordination of rural development assistance and crop control schemes in the illicit drug cultivation regions; increased diplomatic initiatives toward gaining serious commitment and cooperation from governments to eradicate illicit drug crops; and immobilizing the traffickers and interdicting the supplies.

Projects for this region include crop eradication efforts, interdiction programs, developmental assistance, and law enforcement assistance.

Southeast Asia Regional Strategy

The Golden Triangle, consisting of parts of Burma, Thailand and Laos, is a major area of illicit opium production. Burma is the largest producer of illicit opium and heroin in East Asia. Since much of the producing area in Burma is not under full control of that government and collaboration with Laos is currently difficult for reasons not related to narcotics, U.S. resources are concentrated on eradication and interdiction of opium and heroin -- with emphasis on interdiction along the Thai-Burma border, in the interior of Thailand, and in the Shan State of Burma. However, it is also clear that progress should be made on eradication in Thailand and in Burma.

Virtually all of the Golden Triangle's heroin passes through Thailand enroute to world markets. Thailand is not only the major transit country, but also a producer of opium and has a large addict population.

United States' efforts for this region focus on country-specific crop control programs, police and Customs interdiction assistance, education, prevention and treatment technical assistance, and support of regional projects of the Association of Southeast Asian Nations (ASEAN) designed to impede illicit narcotics production, processing, trafficking and consumption.

Southwest Asia Regional Strategy

Opium production in the Golden Crescent countries of Pakistan, Afghanistan and Iran now provides a principal source for heroin in Western Europe and the United States. This region also produces marijuana and hashish. Since the United States is unable to engage in productive bilateral efforts with Afghanistan and Iran, the Strategy

supports narcotics control programs in Pakistan and interdiction programs in Turkey which is a conduit for opiates moving from Southwest Asia to Europe and the United States. In Pakistan, projects will continue to focus on crop control in the Northwest Frontier Province and on enforcement and interdiction assistance. Ancillary to the crop control initiative will be projects in rural development so that farmers who stop cultivation of illicit drugs will continue to have a source of income. Efforts in Turkey will focus on interdicting illicit opium and heroin traffic.

Roles and Functions

Section 481 of the Foreign Assistance Act established an international illicit drug control function under the direction of the President. The President's functions of negotiating, concluding, amending, and terminating international agreements related to illicit drug control have been delegated through the Secretary of State to his Assistant Secretary for International Narcotics Matters (INM).

As the United States Government agency for coordinating Federal Government drug efforts overseas, INM works toward the goal of enlisting foreign government cooperation in a variety of ways:

- *Diplomatic efforts,* in concert with other elements of the State Department, in drug producing and trafficking countries to develop international support for, and commitment to, joint illicit drug control activities;
- *Bilateral assistance* for crop control and interdiction programs in the form of equipment, training, and technical advisory services to support local efforts;
- *Participation in international organizations* to increase drug control efforts in licit and illicit drug producing countries, especially in those countries where U.S. bilateral influence is less effective;
- *Training programs,* conducted by DEA, Customs, and the Coast Guard for personnel in the illicit drug control functions abroad to strengthen interdiction and enforcement efforts;
- *Guidance, coordination, and support* of the work abroad of all United States Government agencies involved in illicit drug control; and
- *International demand reduction technical assistance efforts.*

The Agency for International Development (AID) also works with INM in the design and implementation of foreign assistance programs in developing nations which evidence drug problems.

The United States policy is that development assistance will be provided, where circumstances warrant and where budgetary limitations permit such assistance, to countries which are major producers or transit areas for illicit drugs. Agreements on development assistance should be accompanied by controls on production, and controls to insure that the funds generated do not become subsidies for growers or traffickers.

The United States International Communication Agency (USICA) provides public affairs support through its posts in U.S. embassies in countries where illicit drug production and/or trafficking has been identified as a priority issue. USICA conducts programs on drug-related issues aimed at a variety of influential audiences in these countries. The themes are: U.S. concern about drug abuse and our determination to do something about it; U.S. activities which address the problem; and the need for international attention to drug problems. USICA uses the full range of its communications resources, including the Voice of America, a world-wide press service, television production and satellite broadcasting, to carry its message to foreign audiences. It also supports local programs by acquiring and adapting U.S. materials on drug abuse prevention and control for overseas use; selects key people in the international drug field for professional exchange programs in the United States; and programs U.S. specialists in drug-related fields for seminars, conferences, and other activities before selected audiences in key countries.

In close coordination with the Bureau of International Narcotic Matters, the Drug Enforcement Administration (DEA) operates cooperative programs which provide consultation, technical assistance and training to drug law enforcement officials in foreign countries and participates in the collection and sharing of narcotics data.

International Organizations

Support for international organizations is primarily focused on the United Nations; principally, the United Nations Fund for Drug Abuse Control (UNFDAC). The United Nations programs provide an acceptable vehicle for participation on the part of countries that do not undertake drug control programs on a bilateral basis. UNFDAC programs also have the advantage of political acceptability in areas of the world where an American presence is not welcome, such as Afghanistan and Laos.

UNFDAC's programs are directed at supply and demand reduction activities, direct crop substitution projects, the strengthening of drug controls, and the stimulation and coordination of research. UNFDAC is supported by voluntary contributions from public and private sources. One of the major diplomatic efforts of the United States is to encourage other nations to increase their support of this program.

The current UNFDAC program emphasizes identifying and funding demonstration projects to stimulate further internal action by recipient governments. The program includes drug-related income replacement projects in Burma, Pakistan and Thailand.

Other United Nations organizations support drug control efforts in the social and public health areas, including the U.N. Development Program, the U.N. Educational, Social, and Cultural Organization, and the World Health Organization. The U.N. Commission on Narcotic Drugs (CND) functions as the policy-making intergovernmental body on international control. Of particular importance is the CND's function, in concert with WHO, of identifying and recommending to the U.N. Economic and Social Council the scheduling of drugs, i.e., the controls over licit narcotics and psychotropic substances. The Division of Narcotic Drugs (DND), in addition to supporting the CND, explores and recommends means of improving control of illicit drug production and abuse.

In addition to efforts in the United Nations, the United States has encouraged the Organization for Economic Cooperation and Development (OECD) to become involved in international drug control.

There are also regional organizations which make important contributions to the international control effort. ASEAN and the Colombo Plan, an economic and social development association of 27 South and Southeast Asian nations, are examples. These and other organizations support multilateral programs of planning, technical assistance and regional cooperation, in both demand and supply reduction.

The United States is a signatory to a wide range of international treaties and conventions and enforcement of such agreements continues to be an important part of our international efforts. Diplomatic efforts are directed toward encouraging other nations to either fully support the provisions of agreements already in force, or participate in new initiatives such as recent efforts to control illicit diversion of methaqualone.

Efforts are underway within the international maritime community to encourage adoption of measures to prevent false registry claims by vessels on the high seas, allow rapid verification of vessel registry claims, and support criminal sanctions against all those persons engaged in drug trafficking while aboard vessels.

A high priority is given to investigation of the financial dealings of key traffickers to disrupt international financial transactions resulting from the sale of illicit drugs. Through Articles 35 and 36 of the 1961 Single Convention on Narcotic Drugs, foreign governments can exchange the records of financial operations involved with illegal drug activity. Mutual assistance treaties also allow exchange of banking and other records, testimony of witnesses, and information in judicial and administrative documents. Income tax treaties offer another source of financial information which may be useful in pursuing the illegal profits of international drug traffickers.

Summary

The United States' international policy to control and prevent the spread of drug abuse includes: encouraging governments of producer

and transit countries to accept their national responsibilities under treaties; increasing emphasis on crop control; insisting on linkage between drug control-related development assistance and agreements on reducing production of illicit drugs; and greater international assistance from more of the wealthy and industrialized nations.

The United States will encourage and support foreign government programs to eradicate illicit drug crops by chemical spraying and other means. The destruction of illicit crops as well as strong investigative and interdiction measures are key to reducing the supply of illicit drugs.

The United States' strategies for the drug producing regions of Latin America, Southeast Asia, and Southwest Asia include the provision of assistance for crop eradication and development programs, interdiction and law enforcement support, and the sharing of information on drug abuse prevention, treatment and research.

Of particular concern is the strengthening of international organizations by encouraging other nations to be more supportive. International organizations have opportunities to provide assistance beyond those of the United States alone.

Finally, we will continue to expand and improve our own international program, not only because of our desire to stimulate other nations to do the same, but because success in the international program is critical to reducing the supply of illicit drugs in the United States. An effective program to control the production, processing and trafficking of illicit drugs overseas, as close to the source as possible, is an essential element of the Administration's Strategy.

IV. Drug Law Enforcement

Introduction

The second point in the Administration's five-point program is reducing the availability of illicit drugs in the United States through vigorous law enforcement action. The 1982 Strategy is intended to provide a flexible framework responsive to local priorities based on the nature of drug problems and drug trafficking threats which exist in a particular geographic area.

The international program to stop the drugs at the source will be supported by law enforcement efforts to disrupt key trafficking networks and to intercept those illicit drugs which are enroute to the United States. A goal of the 1982 Strategy is to bring to bear the full range of Federal, State, and local government resources on stopping the drugs and apprehending those responsible for transporting and distributing illicit drugs, as well as the financiers and organizers. The drug law enforcement strategy emphasizes cooperation between law enforcement officials and prosecutors at all levels of government to achieve the highest possible rate of conviction for drug traffickers, the seizure of their assets, and the ultimate destruction of their criminal organizations. The strategy calls for aggressive investigation and prosecution of criminal activities associated with drug trafficking.

The Administration believes that stronger drug law enforcement can be achieved through more effective use of existing resources at all levels of government.

The Cabinet Council on Legal Policy, previously mentioned, has established a Working Group on Drug Supply Reduction. This Working Group is responsible for developing interdepartmental issues and actions. This Cabinet Council, chaired by the Attorney General -- the senior law enforcement officer in the United States -- provides an appropriate high-level mechanism within the Federal government to develop an aggressive implementation plan and to direct follow-up action in the drug law enforcement area.

Border Operations

Federal efforts to stop the transportation of drugs continue to be directed at stopping shipments of illegal drugs before they are smuggled into the United States. Efforts on the high seas, along our borders, and at ports of entry have been expanded significantly, both in the allocation of Federal resources and in the use of advanced technology for detection and apprehension.

The U.S. Coast Guard, as the primary Federal agency directed at smuggling by sea, has increased efforts to intercept drug smugglers and conducts effective anti-drug operations within coastal waters and on the

high seas. For example, coastal patrols seize numerous domestic vessels in U.S. and adjacent waters and large cutters are strategically deployed to interdict illicit maritime traffic in international waters near the areas of production. The Coast Guard provides both a law enforcement force and a visible deterrent to drug smugglers.

The U.S. Customs Service provides the principal anti-smuggling effort at the ports of entry and along our land and water borders. Customs is also the primary Federal agency concerned with smuggling by air and has developed a responsive interception capability. The collection, analysis, and dissemination of drug smuggling intelligence contributes to Customs' interdiction efforts.

The U.S. Border Patrol, in the Immigration and Naturalization Service, has the responsibility for control of illegal entry of persons along our borders and can provide significant assistance in apprehending smugglers and through the deterrent effect of their presence.

The Drug Enforcement Administration (DEA) is responsible for developing interdiction intelligence, participating in joint operations along our borders, and subsequent investigation of drug trafficking inside our borders.

To summarize the complexity of border operations, eight agencies representing seven cabinet departments have a physical presence in border operations, and enforce over 400 Federal laws and regulations involving entry and departure of people and goods across our borders. Additionally, the large numbers of State and local law enforcement activities compound the coordination problem, but broaden the potential for strengthening the border control effort.

Recent legislation, which allows use of available military resources in providing information and equipment support to law enforcement agencies, has the potential for major improvement in the Federal attack on drug smuggling.

Intelligence on the source, destination and persons directly and indirectly involved in smuggling plays an important role in all aspects of the anti-smuggling effort. Therefore, appropriate follow-up on smuggling attempts will be expanded, where appropriate. Additional emphasis will be placed on improving the quality and availability of drug smuggling intelligence.

The 1982 Strategy calls for the development and implementation of Federal initiatives, under the auspices of the Cabinet Council on Legal Policy, to meet the following objectives in border interdiction:

- Increasing effectiveness of intercepting drugs smuggled by air and sea.
- Increasing the effectiveness of interdiction at ports of entry.
- Increasing effectiveness of interdiction on land borders between ports of entry.

- Improving follow-up investigations of interdiction seizures and arrest to enhance the quality of drug smuggling intelligence and prosecutions.
- Developing policies and procedures for use of military assistance, now possible under the exception to the Posse Comitatus Act, with emphasis on integrating requirements for drug smuggling information into military operational and training activities.
- Improving technological support to drug interdiction operations.
- Improving the quality and availability of intelligence for all participating enforcement agencies.

Domestic Drug Law Enforcement

As a major element of the supply reduction effort, domestic drug law enforcement is directed at the importation, manufacture, distribution, and sale of illegal drugs within the United States. It includes the investigation, prosecution, and incarceration of drug offenders, as well as the seizure and forfeiture of contraband, profits derived from illegal activities, and drug related assets.

A key element is public recognition of the needs to stop the production of illegal drugs within the United States and to expand the ongoing drug eradication efforts throughout the United States. Domestic manufacture of illicit drugs and cultivation of cannabis require the attention of all levels of government, with emphasis on initiatives by State and local law enforcement activities. The Administration supports the eradication of the cannabis plant by appropriate means, including chemical herbicides, as a legitimate activity to reduce the availability of marijuana.

The diversion of controlled pharmaceutical drugs from legitimate uses into illicit drug traffic requires continued law enforcement attention. Health care professionals who traffic in pharmaceutical drugs must be investigated and prosecuted. State professional boards will be encouraged to exercise their licensing authority to prevent diversion.

The objective of the 1982 Strategy is to bring to bear the full range of Federal, State, and local government resources against illicit drugs and illegal activities associated with the organization or conspiracy behind drug trafficking. Cases developed by Federal, State, and local investigators should be presented in the judicial system best suited to the facts, statutes, sanctions, and space on the court docket. When appropriate, prosecutors in both the State and Federal systems may be cross-designated to participate in prosecutions in each other's jurisdictions. To provide optimum conditions for successful investigation and prosecution, State and local governments will be encouraged to exercise their concurrent jurisdiction over drug offenses. The Department

of Justice will seek to increase the effectiveness of its prosecutorial resources in drug-related cases.

Effective coordination and full cooperation among the Federal, State and local law enforcement agencies are essential parts of the Strategy. The Attorney General of the United States has implemented a program that requires the U.S. Attorney in each Federal District to establish a Law Enforcement Coordinating Committee to assess the crime problems in his district and to determine, with his State and local colleagues, how best to allocate available resources to attack those problems. The heads of Federal, State, and local prosecutorial and law enforcement activities are members.

All Federal agencies are expected to actively seek ways in which they can contribute to the overall drug abuse control effort. Since the production of income is the driving force behind the involvement of high echelon criminals in drug traffic, the financial expertise and resources of the Internal Revenue Service are directed at the tremendous untaxed profits generated by this illegal industry. The Customs Service conducts financial investigations directed at drug smuggling organizations. The Bureau of Alcohol, Tobacco and Firearms is pursuing major drug violators who use or traffic in firearms to support and protect their illegal drug activities.

The emphasis on greater involvement is also reflected in the Attorney General's assigning to the Federal Bureau of Investigation (FBI) concurrent jurisdiction with DEA to investigate drug offenses and his assigning to the Director of the FBI general supervision over drug law enforcement efforts and policies. The DEA remains the principal agency for drug enforcement, but is aided by an infusion of FBI resources and expertise. This action greatly expands the resources and manpower available for drug enforcement and the geographic coverage of the Federal resources. The FBI's concurrent jurisdiction over drug offenses adds the resources and expertise necessary for wiretaps, financial investigations, joint organized crime investigations, and public corruption investigations.

Financial task forces, using information obtained from the reporting requirements of the Bank Secrecy Act and targeting major drug traffickers and the associated financial activities, will continue to operate in selected areas of the United States. These task forces are composed of Federal prosecutors and personnel from IRS, Customs and DEA.

The 1982 Strategy includes the development and implementation of Federal initiatives, under the auspices of the Cabinet Council on Legal Policy, to meet the following key objectives in domestic drug law enforcement:

- Increasing the level of effort of Federal drug law enforcement through improved management and broadened involvement of Federal agencies.

- Targeting investigative resources on the range of key criminal activities associated with trafficking organizations.
- Improving cooperation and coordination among Federal, State, and local law enforcement agencies.
- Making more efficient use of all available prosecutorial and court resources.
- Seeking legislative changes to improve the effectiveness of law enforcement efforts in disrupting drug trafficking and deterring future involvement.
- Encouraging State and local efforts to eradicate illicit drug production and cultivation in the United States.

Intelligence

Adequate, timely, and reliable intelligence is important to the entire 1982 Strategy. The collection of operational intelligence on drug trafficking organizations, both domestic and international, contributes both to border interdiction and to criminal investigations. In 1978, the National Narcotics Intelligence Consumers Committee (NNICC) was established and works with the U.S. foreign intelligence community in developing an annual report on the supply of drugs entering the U.S. illicit market and the money associated with this traffic. The annual report is the result of a coordinated interagency effort to collect, analyze, evaluate, and disseminate drug intelligence in an authoritative way. The 1982 Strategy calls for continuation of the NNICC and expediting the publication of the annual intelligence reports.

The El Paso Intelligence Center (EPIC) is an interagency operation managed by DEA with participation by eight other Federal agencies and working agreements with 45 States. EPIC provides a nationwide intelligence clearinghouse for drug enforcement information. EPIC's role in facilitating coordination and exchange of information between widely dispersed law enforcement agencies is an important capability in drug law enforcement.

The Inter-American Maritime Intelligence Network (IAMIN), established by the Coast Guard in cooperation with the Department of State, links various maritime entities of the Caribbean Basin with the U.S. Coast Guard for the passing of intelligence data on movements of suspected drug trafficking vessels. This data is also passed to EPIC for dissemination to other appropriate law enforcement agencies.

The Financial Law Enforcement Center, recently established by the Department of the Treasury with the participation of two of its agencies, supports the entire Federal enforcement community and provides a clearinghouse for financial information received pursuant to the Currency and Foreign Transactions Reporting Act. It also established a strategic intelligence analysis center to examine the financial characteristics of criminal organizations in order to exploit their

vulnerability to asset seizure and forfeiture. The analysis of such information and its use in detecting and tracking money flows has proven effective in charting and tracing the money laundering activities of several large illicit drug organizations.

Numerous data systems exist in law enforcement agencies and in health agencies which provide useful decision-making information on the nature and extent of drug problems, as well as specific case-related information and information useful in identifying drug smugglers. The data systems used in monitoring the incidence and prevalance of drug use are discussed in the Strategy chapter on research. In addition to primary law enforcement needs, the law enforcement data systems must provide current and credible information on the availability of illicit drugs. Strategic and operational estimates for domestic enforcement activities are based on these data.

The 1982 Strategy calls for a review, sponsored by the Cabinet Council on Legal Policy, to insure that the appropriate data systems and intelligence estimates are available to support the needs of drug law enforcement and future Federal Strategies.

Prescription Drugs

The 1982 Strategy calls for strengthening domestic efforts to reduce diversion of legitimate drugs to illicit uses and expanding investigative efforts directed at eliminating illicit manufacture of legitimate drugs.

The diversion of prescription drugs from legitimate sources is a significant source of the drug abuse problem. Controlled pharmaceutical drugs account for 7 of 10 most frequent emergency room visits documented in the Drug Abuse Warning Network. The Controlled Substances Act requires the Federal government to register and establish controls over the manufacturing, distribution, and dispensing levels of the legitimate distribution chain. The Drug Enforcement Administration will continue to concentrate its efforts on the criminal investigation of health care professionals who are trafficking in large amounts of drugs. The Federal government must also provide leadership and guidance for State agencies, in the form of cooperative law enforcement efforts, improved coordination with professional licensing boards and other joint initiatives. The DEA, in coordination with other Federal agencies, will also continue to reduce diversion through the development and administration of appropriate quotas, scheduling of drugs, and other controls.

Summary

Aggressive interdiction and investigation, effective prosecution, stiff prison sentences, and the seizure of ill-gotten gains are essential to reducing the supply of illicit drugs and to deterring attempts to profit from trafficking in illicit drugs. The Attorney General, through the Cabinet Council, the Law Enforcement Coordinating Committees, and

other means, will foster the full use of the resources and expertise of Federal, State, and local government agencies in intercepting illicit drugs and apprehending the criminal violators. The Strategy endorses efforts to seek out and prosecute other criminal activities associated with drug trafficking organizations or conspiracies and to seek the forfeiture of assets gained illegally. Improved cooperation among Federal agencies and among Federal, State, and local law enforcement officials, including prosecutors, is essential. This includes the expanded use of military resources under the revised provisions of Posse Comitatus.

The South Florida Task Force, established by the President in January 1982, is an excellent case study in cooperation. The special task force, headed by the Vice-President, addresses crime problems in Florida. The task force is coordinating substantial increases in efforts to interdict smuggling by air, sea, and on land, involving Federal, State, and local law enforcement agencies, and military support activities. Other law enforcement programs are targeted on major criminal organizations operating in South Florida with emphasis on attacking their financial base and seizing illegal profits. The effort also includes temporary augmentation of the entire criminal justice system by use of additional judges, prosecutors, investigators, court rooms, support personnel, and seeking additional prison capacity. The Attorney General has expanded the Federal contribution to the task force by authorizing Customs officers assigned to this effort to conduct intelligence, investigative, and other law enforcement activities which are vested by law in the Attorney General. DEA, Customs, the Coast Guard, the Federal Aviation Administration, FBI, IRS and BATF personnel are working together in this task force.

The task force's effort to involve all available Federal resources, while assisting State and local authorities and addressing the full range of criminal activities associated with the drug traffic, is an outstanding example of the principles of the 1982 Strategy translated into action.

V. Education and Prevention

Introduction

President Reagan established the basis for the drug abuse prevention strategy when he said, "The problem of drug abuse is one that reaches deeply into American society. We need to mobilize our religious, education, and parental groups in a national program against drug abuse . . . as important as intercepting the drug traffic might be, it cannot possibly equal the results in turning off the customers, the users, and making them take a different course in deciding to no longer be customers."

The future of America is our youth. By threatening the well-being and lives of youth, drug and alcohol abuse pose a grave danger to the future of America. The artificial glamorization of mind-altering and mood-changing drugs, including alcohol, confuses young people. Adults must meet their responsibility of providing youth with positive leadership.

Major drug abuse prevention efforts during the past decade have demonstrated that there is no quick and easy solution to the complex problem of drug and alcohol abuse. The drug and alcohol abuse problem affects so many segments of society that there must be a variety of approaches to prevention. The Strategy of this Administration builds on prevention efforts which have a demonstrated potential for success. The Strategy is designed to be flexible in responding to the problems of drug and alcohol abuse and to the needs of each community.

Providing credible and accurate information to the user and potential user is extremely important. There are other promising approaches to drug and alcohol prevention, including decision-making, peer support, confrontation, and family, school, and community involvement. The people closest to the potential drug user can provide the most effective prevention effort.

Directions

The education and prevention strategy is based on the following premises:

- Drug and alcohol use must be addressed in the context of a range of problems which threaten young people and their families such as health hazards, unemployment, deterioration of the traditional family structure, and alienation from community authority.
- School-age children are especially vulnerable to drug and alcohol use. The major thrust of education and prevention efforts must be directed to school-age children (youth under the age of 18) and their families.

- Parents and parent groups must be involved in education and prevention as they are especially effective in preventing the use of drugs by school-age children. The Parent Movement, discussed in detail at the end of this chapter, is an outstanding example of the effectiveness which is possible when concerned citizens gather together to address mutual problems.
- Accurate and credible information about the effects of drugs and alcohol must be readily available.
- The proper role of the Federal government is to provide leadership, encouragement, and support.

The Federal government has sponsored several national drug and alcohol abuse prevention campaigns during the past decade. These have been short term with limited national impact. Building upon the foundation of past and present campaigns, this Administration will focus a national campaign on discouraging drug and alcohol use among school-age children. Already underway is the 1982 public education campaign developed by the National Institute on Alcohol Abuse and Alcoholism (NIAAA). This campaign is directed at alcohol problems among women and youth and will contribute to the overall prevention effort. The President's Commission on Drunk Driving will also focus attention on alcohol's negative impact on society.

This Administration is promoting creative responses, on the local level, to fit each community's needs, resources, and unique composition. The Strategy calls for additional involvement of the private sector by encouraging the voluntary efforts of citizens, organized groups, and business. In addition, the campaign will draw on the expertise and resources available in Federal, State, and local governments. For example, each level of government has law enforcement agencies which can be used to provide drug abuse education in every community in the United States.

Targets

The Federal Strategy includes a drug and alcohol abuse prevention and education effort aimed at:

- Discouraging drug and alcohol use among school-age children;
- Supporting individual and group efforts in the private sector to discourage drug use through the dissemination of information, materials, and guidance; and
- Providing leadership and moral support.

While many of the problems associated with drugs and alcohol are common to all communities, the Federal government will not dictate to communities exactly what they should do to deter youngsters from using

drugs and alcohol. The needs and capabilities within each community are unique and local leaders must design a program to fit the local situation. Federal efforts will assist by:

- Raising awareness of drug and alcohol problems and providing practical and credible information to those in a position to influence potential users;
- Encouraging the support of prevention programs by local and national business and private organizations;
- Providing information about previous successful prevention efforts; and
- Disseminating useful research findings in a timely and understandable way on the effects of drugs and alcohol.

Statewide Prevention Organizations

The Strategy calls for a major organizational effort within each State to develop and coordinate a statewide prevention effort. The program developed by the State of Texas is an outstanding example of a highly successful program and could serve as a model for other States. The Strategy urges each State Governor to identify and use community leaders to advise and assist with drug and alcohol abuse prevention and control activities in their States. These leaders can serve as a focal point for developing initiatives and supporting volunteer activities in the private sector, in addition to providing advice on governmental programs.

Additionally, the Federal government developed a system of statewide drug and alcohol abuse services during the 1970's. State Prevention Coordinators were placed in almost every State and territory. The Federal legislation authorizing the Alcohol, Drug Abuse and Mental Health (ADM) Block Grant requires that, of the amount available for drug and alcohol abuse activities, the State must use not less than 20 percent for prevention and early intervention programs designed to discourage the abuse of drugs or alcohol or both.

Federal Agencies

The Working Group on Drug Abuse Health Issues, under the President's Cabinet Council on Human Resources, is responsible for developing health-related drug abuse issues and will assist in the implementation of the overall Strategy to reduce drug and alcohol abuse.

The agencies that will have primary responsibility for implementing the Federal drug abuse prevention effort are the National Institute on Drug Abuse (NIDA) and ACTION. They will work with Federal agencies such as the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the Department of Labor, the Department of Education, and others to present a broad national prevention campaign.

The National Institute on Drug Abuse has been the principal Federal agency for drug abuse prevention for several years. For this reason, NIDA is an important source for current information about the effects of drugs. NIDA will promote activities to increase awareness of drug problems, sponsor dissemination of up-to-date research, and the sharing of information among prevention programs. Specifically, it will:

- Release major new research studies, such as the National High School Senior Survey, through the media;
- Develop media materials on the health hazards of illicit drugs;
- Work with private sector sponsors, such as Blue Cross and Blue Shield Associations, to develop and disseminate materials to their constituencies; and
- Communicate the latest and most effective prevention approaches to public and private sector prevention efforts throughout the country.

The National Institute on Alcohol Abuse and Alcoholism will serve as a similar resource for information on health hazards associated with youthful alcohol consumption and on effective approaches to prevent alcohol-related problems among youth. In several areas identified in this Strategy, the combined consideration of alcohol and drug abuse can provide increased effectiveness in both programs. The problem of alcohol and marijuana use among youth is a central issue and education and prevention programs for young people must address both drugs.

ACTION is the Federal agency for voluntarism, and will develop prevention activities which stimulate the participation of volunteers and the private sector. ACTION has been working with the White House to involve leaders in the business world, the entertainment industry, and voluntary associations who can assist parents who are organizing to prevent drug and alcohol abuse. ACTION has initiated plans to:

- Mobilize private sector, public sector, and volunteer efforts in drug and alcohol abuse prevention within each State;
- Make ACTION regional office resources available to assist local citizen efforts;
- Offer technical assistance to parent groups which are forming in large numbers nationwide;
- Test models which train both adult and youth groups in methods of working with less informed peers to create a drug-free environment;
- Distribute selected NIDA and NIAAA materials and develop new publications for nationwide dissemination; and

- Encourage corporate and other private sector prevention programs.

All Federal agencies will be called upon to contribute to the overall prevention effort. For example:

- The National Institute of Mental Health is supporting research on the prevention of the harmful effects of marital disruption. Research indicates that children of divorce appear especially vulnerable to psychological stress and developmental problems which may manifest themselves in drug or alcohol abuse.
- The State Department's Bureau of International Narcotics Matters and the National Institute on Drug Abuse participate in efforts to reduce the worldwide demand for drugs.
- The United States International Communication Agency, in its principal role of explaining U.S. policy, society and values to foreign audiences, will share information about the efforts of the United States to prevent and control drug abuse.
- The Education Department's school-community team training and technical assistance network trains school officials and parents to tackle school problems in communities. The Department has developed and maintained alcohol and drug abuse prevention programs in over 4,500 school-communities and will train parent leadership teams in participating school systems to involve other parents, schools, businesses and industry in solving community school problems.
- The Department of Labor will be involved in efforts to prevent drug and alcohol abuse in the workplace.
- The Department of Defense will continue its programs to prevent alcohol and drug abuse among military personnel.
- The National Highway Traffic Safety Administration will continue its efforts to assist in the reduction of driving while intoxicated.
- The Food and Drug Administration will continue to pursue regulatory actions against drugs subject to illicit use such as the look-alike stimulants and cocaine substitutes.

Prescription Drugs

The abuse and misuse of legally-available drugs such as sleeping pills, tranquilizers, and over-the-counter diet aids, is a continuing concern. The 1982 Strategy emphasizes the need for physicians,

pharmacists, and other health care professionals to work with States, community health care facilities, and private organizations to find ways to reduce the dangers of inappropriate use of drugs that have legitimate medical uses. There is a need to make people more aware of the risks involved in combining alcohol with prescription and non-prescription drugs and medications.

Truth and Credibility

A major obstacle in fighting drug abuse is the insidious nature of experimentation, often encouraged by the commercial exploitation of drugs of abuse and the associated "drug culture." Any activity which tends to glamorize drug use must share in the blame for the dangerous health and social consequences resulting from drug abuse, particularly among our youth. Manufacturing, packaging, and advertising of drug paraphernalia, so-called "look-alike" pills, and room odorizers as inhalants are examples of commercial activities which are supported by drug abuse. Other products such as perfumes with names associated with illegal drugs and publications encouraging use of illicit drugs contribute to the "drug culture." The mass media's often glamorized reporting of drug and alcohol use by contemporary sports and entertainment figures also contributes to an atmosphere which encourages young people to experiment with drugs and alcohol.

In addition to activities which deliberately promote drug use, several terms have been used in discussions of drug abuse which, whether well-meaning or intentionally misleading, foster misconceptions and hinder understanding of the nature of drug problems. To avoid misunderstanding, the Strategy discourages the use of the following terms: recreational use of drugs, responsible use of drugs and alcohol, substance abuse, decriminalization, and defining drugs as "hard" or "soft."

The Strategy calls for a counter-effort by government and the private sector to deglamorize drug use and to discourage activities which oppose this goal. Private businesses, labor organizations, and the "influencers" of youth -- the mass media, the entertainment industry, and the sports establishment -- are encouraged to use their unique resources to discourage drug and alcohol use among youth.

Recently, leaders in the entertainment industry have begun excellent efforts to ensure that new productions convey current information and responsible messages. For example, the Scott Newman Drug Abuse Prevention Award was established in 1980 by NIDA and the Scott Newman Foundation to encourage and reward excellence in television programming about drug abuse. Writers, directors, producers, and networks responsible for the best prime-time, daytime, documentary, and children's television programming with an anti-drug abuse theme are honored with individual awards. In addition, the writers of the winning shows receive a $10,000 cash prize from the Scott Newman Foundation.

Leaders in professional sports are also beginning major efforts to send accurate messages about drug abuse to their fans. Top athletes in several sports are involved in preparing posters and public service announcements and establishing a speaker's bureau to provide additional opportunities for players to take an active role in fighting drug abuse.

Why Alcohol In A Drug Abuse Prevention Strategy?

Alcohol is commonly associated with initial drug experiences among youth, is illegal for purchase by young people under the age of 18 in all States, has great potential for physical and psychological damage, and is particularly dangerous when used in combination with other drugs. Therefore, the Strategy for drug abuse prevention includes strong support for efforts to discourage alcohol use by school-age children.

Minimum drinking age laws in each State prescribe the age at which adults may purchase or possess alcoholic beverages. These laws have been the subject of wide public debate over the last decade. Many States lowered the minimum drinking age during the early 1970's, and a number of studies have now related lowered drinking ages to increased numbers of motor vehicle accidents among young drivers. In response to growing public awareness that motor vehicle accidents are the leading cause of death among young people, and through the efforts of dedicated citizen volunteers, many States have moved and are moving to raise the legal drinking age. Evidence is accumulating that raising the drinking age reduces alcohol-related motor vehicle accidents among young drivers.

Beer, wine and liquor do not carry the same stigma as illicit drugs. Few adults think of alcohol as a drug. Parents who are normally careful to keep prescription drugs inaccessible to youngsters often fail to take the same care with their supply of alcoholic beverages. Ironically, parents are frequently relieved when they find that their children are intoxicated on alcohol instead of other drugs. However, use of any of these drugs presents significant hazards to our youth. The prevention campaign will seek to increase the awareness of such risks and increase acceptance of responsibility by adults for reducing the risk.

The Strategy includes urging the alcoholic beverage industry members to police themselves in the development and marketing of their products. For example, the Beverage Alcohol Information Council has a public education program to educate Americans abut the treatable disease of alcoholism and to prevent fetal alcohol effects from drinking during pregnancy.

Other Examples

Many notable programs have been sponsored by other private businesses. Three are offered to show the variety of responses open to industry: Blue Cross/Blue Shield, Channel One, and the National Association of Independent Insurers.

NIDA and NIAAA are assisting the national headquarters of Blue Cross/Blue Shield in developing an alcohol and drug abuse education program consisting of booklets for national distribution through local Blue Cross plans across the country. Blue Cross plans to print over a million copies of the booklets. The two Institutes are providing technical guidance and will help coordinate the program with other prevention activities of private groups and State and Federal health agencies.

Channel One represents an unusual instance of Federal and State governments, local communities, and the private sector working together to prevent drug abuse. The Channel One project brings together the leaders of individual communities to assess their own problems and resources and find local solutions. With the assistance of the Prudential Insurance Company of America and other private sector firms, NIDA, the State drug abuse agencies and leaders of local communities, over 200 Channel One programs have developed across the country. Although its goal is the prevention of drug abuse, Channel One is a model that can be used by many organizations concerned with the well-being of young people.

The National Association of Independent Insurers has produced a film "Danger: Marijuana on the Road," about the dangers of driving under the influence of marijuana and other drugs. This film for the young driver is an example of how private business, acting in the public interest, also acts in its own interest. The association was concerned about injuries resulting from accidents by young people whose driving was impaired by marijuana, as well as by alcohol intoxication.

The film represents the latest scientific information about the reaction time and attention span of a driver under the influence of marijuana. It shows that driving while intoxicated on marijuana can be as dangerous as driving while drunk on alcohol and that the combination of the two substances can be deadly.

Parent Groups

In his State of the Union Message, the President reaffirmed "the integrity, decency, and sound good sense of grassroots America." He also said, "Such (grassroots) groups are almost invariably far more efficient than government in running social programs." The growth and development of the phenomenon known as the "Parent Movement" is a good example of what the President is talking about and illustrates the key elements of the Strategy embodied in a truly effective drug abuse prevention effort.

There are now more than three thousand groups of parents across America devoted to stopping drug abuse among their children and within their communites. The Parent Movement reflects the frustration of parents lacking useful tools to counteract the youthful drug culture that has existed in American communities and schools for the past fifteen years. Parents were equally frustrated by confusing and muted responses

from policy makers that left them without any assurance that their children would be protected.

The Parent Movement began independently in different ways and in different communities. Parent groups are commonly based on the assumption that parents can influence their children's lives. One major conclusion over the past several years is that while peer pressure may be a contributing factor in drug experimentation and use, it is also extremely effective in preventing drug abuse. Frustrated parents formed peer support groups of their own. Typically, groups begin with parents whose children socialize with each other. The first step is usually for parents to educate themselves and each other about drugs so that they can base conversations with their children on accurate information, not on misconception, myth, and error.

The next step is for parents to translate their anti-drug stance into action. This step is often referred to as "tough love". They make and enforce firm rules about curfews and supervision of social occasions where marijuana and alcohol may be present. The rules are presented clearly to the children and parents support each other in enforcing the rules.

The parent groups often involve the larger community. They may work with physicians, schools, and churches to improve and update drug and alcohol information and education and with community leaders to change conditions which encourage drug use. For example, parents have forced the removal of drug paraphenalia from local shops, ensured that libraries contain accurate information on drugs, and supervised rock concerts. Parent groups also have joined with State and local officials to seek ways of improving law enforcement efforts to reduce the availability of illegal drugs in the community. In addition, parents have raised the general level of citizen awareness about what drug and alcohol abuse can do to a community.

Parent groups are also taking responsibility for organizing alternative activities for youth. Many young people claim that they use drugs and alcohol because they are bored and have "nothing to do." Parent groups have worked to provide wholesome recreational and community service activities for youth.

The strength of the Parent Movement is reflected in that the groups have grown independently -- without government impetus and with little financial support from the Federal government. Continued growth and success of the Movement is based on parents uniting with each other, knowing how their community works, and maintaining identity as a voluntary organization.

The Strategy challenges you to join in the campaign against drug abuse.

VI. Detoxification and Treatment

Introduction

During the past decade, the Federal drug abuse program has focused attention on drug abuse as a national problem. Treatment programs have been directed at overcoming the physical problems of drug addiction and providing psychological and social counseling to help the individual drug abuser live without drugs. The drug abuse treatment network in the United States has grown from 183 programs in 1968 to 3,449 in 1980.

The Federal government has provided limited funds, on a matching basis with the States, to treat drug abusers. Federal support has stimulated a national treatment capability far beyond that which the Federal resources can provide.

The treatment strategy is based on:

- Recognizing the existence of a national network of drug treatment programs and established referral systems.
- Continuing the evolution of successful drug treatment delivery services, with emphasis on encouraging the States to make their own decisions regarding the allocation of available funds.
- Seeking less expensive, yet effective, treatment alternatives.
- Intergrating drug treatment services into the general health and mental health care system.
- Encouraging private industry, religious groups, private organizations, and State agencies to work together to support treatment programs.
- Promoting drug-free treatment programs.

Highlights

In support of the treatment effort, research priorities include the development of chemical agents which will block or change the expected physiological effects of a drug. These substances nullify or create an unpleasant reaction to opiates and have the potential for reducing the need for current, expensive opiate maintenance programs, thereby significantly reducing patient treatment costs. Discussed briefly in the following chapter on research, a potential benefit of providing new chemical agents to treat chronic drug addiction could be a significant increase in treatment capacity with no increase in funding requirements.

The 1982 Strategy does not attempt to dictate a national priority for drug abuse treatment programs. Consistent with the overall Strategy,

each region or locality must determine the relative priority for local treatment programs and make appropriate decisions regarding the nature of treatment responses.

The Federal government will continue to carry on a number of important activities which have a direct bearing on the effective operation of the national drug and alcohol abuse treatment programs. For example, advice and technical assistance will continue to be provided to professional groups, States, communities, and private organizations. The focus will be primarily on clinical and administrative approaches, research issues, and data collection and analysis procedures.

A major Federal role will be providing information and guidance for alcoholism and drug abuse treatment based on the results of biomedical, clinical, and epidemiological research. Dissemination of research findings and general information to health professionals and their educators, and to the general public is an important aspect of the Strategy.

The Strategy encourages States to support programs that serve youngsters who have just started using illicit drugs and alcohol and who have not yet established a total lifestyle around drug use.

Financing

The financing of the national drug abuse treatment rehabilitation and prevention system has been a joint effort of government and the private sector. For example, during fiscal year 1980, $487 million was spent for drug abuse treatment services nationwide. The Federal support was $187 million or 38 percent. The State governments provided $119 million, or 24 percent, and $181 million, or 37 percent, came from the private sector, third-party reimbursements, and local contributions. The Federal government has also provided health program funds for the treatment of alcoholism both through categorical and health financing programs.

The end of fiscal year 1981 marked the beginning of a new Federal effort with passage of the Omnibus Budget Reconciliation Act of 1981 (PL-97-35). The Act authorizes the Alcohol and Drug Abuse and Mental Health Services (ADM) block grant program. The ADM block grant program provides more flexibility for States to determine and direct resources for alcohol, drug abuse and mental health services. It includes the National Institute on Drug Abuse's (NIDA) former community treatment programs (specifically, the statewide services grant program and the formula grant program) and the National Institute on Alcohol Abuse and Alcoholism's (NIAAA) former community treatment programs, including project and uniform act grants and alcohol formula grants.

The drug component of the ADM block grant program represents the culmination of an evolutionary process. Since 1973, NIDA has participated with the States in the development of a nationwide drug abuse treatment network. As Federal funds for community-based treatment services were channeled increasingly through the States, States assumed management responsibilities, and the Federal role became one

of technical support, oversight, and program evaluation. In 1980, over 90 percent of Federal community drug program assistance funds were given directly to the States and subcontracted by them to local treatment and prevention programs. Thus, under the block grant program, States assumed official responsibility for many functions which they were carrying out already. However, they now have flexibility to target funds to specific areas and are able to move money back and forth among various block grants. Starting in fiscal year 1983, funds may be shifted among the alcohol, drug abuse, and mental health components of the ADM block grant. In addition, States are freed from multiple Federal reporting requirements. Thus, each State is in a better position to determine its needs and respond accordingly.

The Federal government will continue to make a major contribution to the financing of treatment and prevention activities through the block grant program, U.S. Probation, Medicaid, and Title XX programs in some States, and through continued operation of direct services in the military establishment and the Veterans Administration.

Principal Federal Agencies

The Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) and its institutes will continue to play a leadership role in knowledge development and technology transfer in drug and alcohol abuse prevention, education, training, treatment, rehabilitation and research. ADAMHA and its institutes will also work with the States to increase the involvement of the private sector, e.g., business, the health professions, labor, professional organizations and associations, and private support in the development and support of treatment and rehabilitation initiatives.

Along with ADAMHA, six other agencies in the Department of Health and Human Services will continue to be involved in aspects of drug and alcohol abuse treatment and rehabilitation: the Center for Disease Control, the Food and Drug Administration, the Health Resources Administration, the Health Care Financing Administration, the Office of Human Development Services and the Social Security Administration.

Treatment Modality

Of the drug treatment methods available -- drug-free, detoxification, and drug maintenance -- six out of ten clients are receiving drug-free treatment. Regardless of the treatment method, our ultimate goal is to enable clients to remain free of illicit drugs and function productively in the community

Relapse rates following treatment for heroin addiction in the United States are high. Of those clients entering treatment for heroin use, almost 75 percent have had prior treatment experience. Over 30 percent have had three or more treatments.

On the other hand, heroin addicts have the highest rate of self-referral within the population admitted to treatment. There is still some

question as to whether multiple treatments are beneficial or detrimental to eventual success.

The successful treatment services that the Federal government has supported tend to work for patients who are receptive and motivated. However, we have not been as successful with the hard-core addicts who are not motivated to rid themselves of the heroin habit.

Many of the current treatment programs tend to approach the heroin addict as a victim. While people may be victims of heroin use, they continue to have a responsibility to society. Treatment programs should recognize and reinforce these responsibilities as part of conventional treatment approaches.

The Strategy also places importance on the development of new drugs for the treatment of heroin addiction. Several new drugs provide attractive alternatives to the current long term and expensive methadone maintenance procedures. This approach could help addicts return to a more normal routine while decreasing the level of resources needed to staff and manage clinics and increasing the treatment capacity. Another advantage of the new drugs is that they seem to have little potential for diversion to the black market, since they lack the psychoactive properties of methadone. Therefore, the Strategy places a high priority on expediting the approval process to make the new drugs available for use in treatment facilities at the earliest date possible. The specific drugs are discussed in the research section of the Strategy.

Special Considerations

While heroin use continues to be a major concern in several large urban areas, the total number of addicts has been reduced since the early 1970's. During the past five years, the number of addicts has held relatively constant at around half a million, or 0.22 percent of the total population.

In addition, the general population of heroin addicts is older than addicts of ten years ago. The average age of heroin addicts seeking treatment has risen from 28.8 in 1978 to 30.4 in 1981. This trend reflects the Federal prevention and containment efforts that have made young people more aware of the consequences of heroin use. The incidence of heroin use has been relatively stable at a level substantially below national levels in 1976. However, heroin indicators in the Northeast/Mid-Atlantic region have increased during the past two years. Consistent with the Strategy, local authorities must consider the drug problems affecting their area of jurisdiction and assign an appropriate priority for heroin-related treatment and enforcement activities.

Nationwide, non-opiate drug abuse is now creating more drug treatment problems in the United States. More than 65 percent of those admitted to treatment have a problem with more than one drug. It is estimated that more than one-third (37 percent) of all children aged 12 to

17 use alcohol at least once a month and 17 percent use marijuana at least once a month. Treatment data involving young people and marijuana continue to reflect a significant secondary involvement with alcohol. The 1982 Strategy strongly supports efforts to address the treatment needs of school-aged youth who are using drugs.

A 1980 survey of the U.S. and Canadian membership of Alcoholics Anonymous indicated that nearly 15 percent of the total sample were young people (30 years and under), almost double the proportion only six years before, and 24 percent of the sample reported addiction to another drug in addition to alcohol.

It is important to recognize that young people with alcohol problems usually have many problems, of which alcohol is only one. And, they are sensitive and selective about where they go for treatment. Parental consent, concerns about confidentiality, inability to pay, and lack of specialized services are often barriers to their seeking treatment.

On September 30, 1980, more than 15,000 young people, aged 18 and under, were receiving alcoholism treatment in facilities across the country. However, alcohol treatment services for young people are scarce -- and, even when available, often inappropriate. In addition, many young people deny they have alcohol problems, are unaware of available services, or are uncertain how to use them.

State and private treatment programs should consider a possible increase in the demand for drug and alcohol treatment by school-age youth and make provisions for availability of drug abuse counseling and medical treatment. The Strategy encourages States to continue techniques that have been developed through the NIDA and NIAAA health professions education program.

States and localities, in assessing their needs and resources, should make use of community mental health centers (CMHC's) in both the identification and treatment of drug and alcohol abuse. In 1980, over 750 CMHC's around the country initiated treatment for almost 40,000 people with a primary diagnosis of drug abuse and over 155,000 with a primary diagnosis of alcoholism.

A more balanced use of existing government resources and an expansion of private sector resources are required to deal effectively with problems associated with each drug of abuse.

General Health Care

In keeping with efforts to involve all sectors of society and make more efficient use of limited resources, integration of drug and alcohol services into the general health care system will be continued.

Studies on the integration of general health care and mental health care services indicate the following advantages:.

- Improved accessibility, acceptability, and use of mental health services;

- Improved early casefinding, referral, coordination, follow-up, and preventive/educational efforts;
- Improved efficiency and reduced costs of the total health care delivery system;
- Improved citizen participation in, and concern with, the care of the mentally ill; and
- Creation of a unique training setting in primary health and mental health care.

Considering the direct health consequences of drug and alcohol abuse, similar advantages should accrue from integration of drug abuse and alcoholism services with general health care.

For the past six years, the Federal government has been working to educate health care professionals about drug and alcohol problems. NIDA and NIAAA have worked with health professionals and educators to integrate comprehensive instructions on drug and alcohol abuse into the pre-clinical and clinical curricula of physicians, nurses, psychologists, pharmacists, and social workers. Working with the National Board of Medical Examiners, medical specialty boards, and the boards of the other health professions, NIDA and NIAAA have been developing examinations that require knowledge of drug and alcohol problems as a prerequisite for receiving a license to practice medicine or work as a health professional in the primary health care system. In addition, several States have identified the training of primary health care providers in alcohol, drug abuse and mental health issues as an important concern and have subsequently developed statewide or regional workshops that encouraged and taught general health care providers to deal with these issues. This work is an important ingredient in the integration of drug treatment into the primary health care system. As the general health care system incorporates drug and alcohol treatment, the important roles of drug and alcohol in both physical and mental health problems will be obvious and more efficiently addressed.

Private Sector

Drug abuse occurs throughout the workforce in all types of companies and may involve as many as 6 million workers. A 1981 report by the General Accounting Office estimates that more than 5 percent of the workforce suffers from alcoholism. While a firm estimate is not available, the use of marijuana appears to be second only to alcohol Many industries have developed employee assistance programs to help employees with alcohol and drug abuse problems. Such programs are designed to identify troubled employees, through observation of impaired job performance, and to encourage and assist them in obtaining help. Now, 57 percent of Fortune 500 companies have such programs. These programs are the product of labor-management

cooperation and recognition of the extraordinary costs of alcohol-related problems through absenteeism, accidents, sick pay, and lost productivity at every level of corporate activity. Employers report that after employee assistance programs are established they have experienced significant reductions in lost work hours, disability payments, and accidents. The Strategy encourages the use of employee assistance programs to reduce the health and economic costs of alcohol and drug related problems.

The 1982 Strategy encourages the expansion of alcohol and drug abuse treatment services by the private sector and the expansion of third-party payments for the treatment of alcoholism and drug abuse. More than 30 States have now adopted laws requiring health insurance coverage of alcoholism treatment on a mandatory or optional basis; 13 States have similar laws in reference to drug abuse treatment coverage. Insurance plans and carriers are increasingly aware that, in the absence of such coverage, they pay for later and more expensive hospital-based care under subterfuge diagnoses and/or for accidents and illnesses that could have been avoided. In 1980, third party sources accounted for $337 million, or nearly 36 percent, of total funding for alcoholism treatment. Private health insurance was the single largest source of third-party funding.

The situation is different for drug abuse treatment. In 1979, third-party sources accounted for 15 percent, or $85.4 million, of total funding for drug abuse treatment. Of this amount, however, more than two-thirds came from public sources. The business community, labor, private organizations, and citizens should work with agencies and private treatment programs to undertake employment and vocational training programs that will enhance and complement treatment efforts. Private health insurance corporations should consider further involvement in medical education in drug abuse and alcoholism. Such knowledge improves identification of drug and alcohol problems when early intervention is still possible.

VII. Research

Introduction

The 1982 Strategy supports the development of new knowledge through basic and applied research, epidemiological surveys, and the transfer of that knowledge in an understandable and timely way to health care professionals, educators, law enforcement officials, and the public.

Objectives

The objectives of the research strategy are:

- Producing accurate and clearly written information about drugs and alcohol and making this information widely available in a credible form to be used in education and prevention efforts.
- Developing an effective system to monitor the composition and potency of illicit drugs.
- Continuing to support longitudinal and epidemiological research to expand knowledge of alcohol and drug use patterns, risk factors, and the long-term health effects of alcohol and drugs.
- Emphasizing basic research into the biological and psychological determinants of drug abuse.
- Giving priority to research into the development of chemical agents that will block or change the expected physiological effects of a drug.
- Studying the effectiveness of prevention and treatment approaches.

Data Collection and Analysis

Fundamental to the credibility of information on drug abuse, and to much of the Federal Strategy, is the availability of accurate, current data on drug abuse, use trends and effects. Collecting national information and reporting on nationwide trends in alcohol and drug abuse continues to be the responsibility of the Federal government. The Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) will continue to have responsibility for gathering information to answer questions concerning: the extent of drug and alcohol use, the consequences of drug and alcohol abuse, the population groups most at risk, changing patterns and trends, and the geographic distributions of drug and alcohol problems.

Such information is needed by the Federal government, the States, and localities to evaluate prevention, enforcement, and treatment efforts and to identify any problems before they require costly and emergency intervention. It will also enable the proper allocation of resources in light of reduced Federal involvement.

The epidemiologic program necessary to achieve these goals requires the analysis and integration of information from several sources. Included among these sources are: the Drug Abuse Warning Network (DAWN); the National Survey on Drug Abuse (known as the "Household Survey"); the High School Seniors Survey; the State Alcoholism Profile Information System (SAPIS); and the National Drug and Alcoholism Treatment Utilization Survey (NDATUS). While these components of the epidemiology program contribute valuable information to our knowledge of the incidence and prevalence of drug and alcohol problems, each will be critically reviewed to maintain the quality and credibility of the methods and findings and to determine if there are more efficient and/or economical approaches which would increase their utility.

Other national data systems operated by various government agencies will be used to augment the information needed for answering questions about alcohol and drug abuse. Efforts are now underway to include drug abuse interests in surveys conducted by the National Center for Health Statistics, such as the National Health Interview Survey, the Health and Nutrition Examination Survey, and the National Death Index.

Because of the change to Federal block grants, the collection of information on the treatment services provided, client characteristics and effectiveness of treatment is no longer mandatory. Gathering information on individuals requiring treatment for problems of alcohol and drug abuse, previously acquired through the Client Oriented Data Acquisition Process (CODAP) and the National Alcohol Program Information System (NAPIS), will now require the voluntary cooperation of States and localities. ADAMHA is assisting state representatives in developing model minimum data sets for their management and needs which would meet mutual State/Federal needs for comparable data on a national basis. The Federal government will also work with the States to develop strategies for voluntary compilation and analysis of data for the various States.

The Federal government will also work with States to improve their capability to collect State, local and regional information on drug problems. For example, a State/local epidemiology network would provide insight into the geographic distribution of drug and alcohol problems. Also, data collected in the criminal justice system can be useful in efforts to monitor and explore drug abuse trends.

In order to find ways of overcoming methodogical problems in data-gathering and analysis, the Federal government will work with various research organizations to address data problems and assist in improving understanding of the dynamics of drug and alcohol abuse.

Potency Monitoring

The Federal government must develop a system to monitor the composition and potency of illicit drugs. Fluctuations in potency levels of street drugs, legitimate and "look-alikes," often indicate trends in availability and use patterns. The timely identification of these trends is key to many operating and policy decisions in all aspects of drug abuse programs. Therefore, the Strategy calls for full use of laboratory facilities and availabilitiy of the findings to both law enforcement and health related agencies.

An expanded potency monitoring system will be designed to provide:

- Better understanding of the composition of the various types of drugs available on the illicit market; and
- Monitoring of the probable source of illicit drugs with emphasis on the level of domestic production.

Basic and Applied Research

ADAMHA will retain the primary Federal responsibility for drug and alcohol abuse research. The goals of research are to gain new knowledge of the basic mechanisms underlying drug and alcohol abuse, to meet the needs of Federal agencies including answering questions, and to develop new behavioral and pharmacological methodologies for the prevention, diagnosis and treatment of drug and alcohol abuse. The development of basic knowledge is fundamental to applied work on techniques for treatment and prevention. Basic research provides an understanding of the mechanisms of drug actions, effects and sites of action.

ADAMHA and its institutes have identified the following activities in support of the Strategy:

- To continue the study of brain receptor mechanisms such as those identified for naturally occurring opiate-like peptides;
- To investigate the effects of alcohol consumption on neurotransmitters and their receptors;
- To continue to investigate the basic biological and behavioral processes affected by marijuana;
- To study the efficacy and cost effectiveness of different drug and alcohol abuse treatment approaches;
- To study the adverse medical consequences of alcohol misuse and the genetic factors that may help explain why individuals seem to differ in their vulnerabilities to the medical problems associated with alcohol consumption;

- To continue efforts to determine the abuse properties of drugs and to estimate the reinforcing potential of drugs;
- To develop more effective techniques for preventing alcohol-related and drug-related problems; and
- To continue to examine the biological and behavioral factors which may predispose some individuals to drug abuse and tend to make others resistant.

Agonists and Antagonists

One of the highest priorities for research efforts is the development of substances that will nullify, render unpleasant, or otherwise change the expected action of drugs of abuse. Effective agonist/antagonist or antagonist drugs have the potential for reducing the need for expensive opiate maintenance programs and, thereby, significantly reducing patient treatment costs. Preliminary research indicates that such drugs are acceptable to addicts and may also ease the discomfort of opiate withdrawal.

Several such drugs have already undergone significant research and development. For example, LAAM, a maintenance drug, may improve program and client management. The patient will take the drug only three times each week rather than daily, thus allowing for increased autonomy. Naltrexone is an antagonist that appears to successfully block the effects of opiates and has been under development for some time. Buprenorphine, a new narcotic agonist/antagonist has unusual promise since it not only blocks the effects of opiates but is also useful in easing withdrawal. Clonidine, a noradrenergic receptor agent, also seems to lessen the effects of narcotic withdrawal, according to recent studies.

For a variety of reasons, these drugs, and others that are used to treat chronic drug addiction, have not been attractive development prospects for the private sector. Thus, they are referred to as "orphan" drugs. We will encourage the pharmaceutical manufacturers, colleges and universities, and professional health care organizations to sponsor more research on "orphan" drugs. The Food and Drug Administration now has an Office of Orphan Products Development which will assist in this area.

Identification and Assessment

Substantial progress is now being made in the development of diagnostic techniques that can aid in the early identification of alcohol-related problems. One particularly promising approach uses blood samples to develop analytic profiles that can be used to distinguish individuals who have drinking problems from those who do not. The approach has also shown promise as an alternative to surgical procedures for differentiating between alcoholic and non-alcoholic liver disease. Since this technique relies upon routine blood work that can be done

during regular physical examination, it offers promise as an effective and economical procedure for diagnosis and will enhance treatment planning.

Initiatives for applied research will also include efforts to develop standard measures to assess the level of physiological, psychological and psychomotor impairment of persons who are intoxicated on a variety of drugs. Even though drug and alcohol abuse constitute known health hazards, no useful and practical measure now exists to assess specific types of impairments, and their extent, that occur at differing levels of acute and chronic intoxication. This is especially true of marijuana intoxication.

Standard methods of assessment for psychological and psychomotor impairment would be useful in estimating the effects of drug and alcohol abuse in the workplace, on the roads, and in schools, and would be of assistance in establishing standards for disciplinary actions in the military.

Summary

The research strategy requires not only the development of new knowledge but also the dissemination of that knowledge in an understandable and timely way.

An essential element of our overall research strategy will be to explore and implement the most effective mechanisms for disseminating research findings to individuals and organizations involved in drug and alcohol abuse treatment and prevention, other health care professionals, educators, parents, and the general public. Current efforts, such as workshops and publications, will be continued and expanded and new means identified in order to ensure that research carried on at the Federal level provides the greatest possible assistance to those planning and directing drug abuse programs at the State and local level.

VIII. Drug and Alcohol Abuse in the Armed Forces

Drug and alcohol abuse by members of the Armed Forces is a continuing problem which increases the cost of maintaining military readiness. As is true in the civilian population, the majority of military drug abusers are male, single, and under 25 years of age; sixty-three percent of the force is in this age group

Alcohol and marijuana are the substances most often used. Two out of three recruits have experimented with marijuana prior to joining the military; one out of three in the enlisted grades E1 to E5 report that they are using the drug at least once a month.

Evidence indicates that addiction and severe psychopathology, although present in a small percentage of abusers, are not major aspects of the military drug problem. Rather, the problems with drugs and alcohol in the military are similar to civilian drug abuse problems within the same age groups.

All of the concerns and approaches to prevent drug and alcohol abuse and treat the abusers among the population at large have a special urgency in the Armed Forces. In the military, even a low level of drug use has great potential for harm and national hazard. The 1982 Strategy recognizes the special needs of the military services for a force that is capable of maintaining high and consistent levels of readiness and job performance.

Therefore, the Department of Defense has established the goal of a force that is free of the effects of drug and alcohol abuse. Such abuse is incompatible with the maintenance of high standards of military readiness, performance and discipline. Maintaining a high state of readiness in the military requires a reliable and sensitive system of drug monitoring and assessment, incentives for servicemen and women to enter treatment and rehabilitation programs, carefully drawn policies regarding penalties for illicit drug use, and a treatment and rehabilitation system designed primarily to return military personnel to duty as fully functioning members of the Armed Forces.

The 1982 Strategy supports the policies of the Department of Defense to:

- Assess the drug and alcohol abuse and drug trafficking situation in or influencing the Department of Defense.
- Refuse to induct persons into the military services who are drug or alcohol dependent.
- Deter and detect drug and alcohol abuse within the Armed Forces and defense community, and deter and detect drug

trafficking on installations and facilities under the control of the Department of Defense.

- Assure that all Department of Defense personnel are aware of and understand DOD policy on drug and alcohol abuse.
- Provide continuing education and training to all Department of Defense personnel on effective measures to alleviate problems associated with drug and alcohol abuse.
- Treat or counsel drug and alcohol abusers and rehabilitate those with potential for further useful service.
- Discipline and/or discharge drug traffickers and those drug and alcohol abusers who cannot, or will not, be rehabilitated, in accordance with appropriate laws, regulations, and instructions.
- Work with national drug and alcohol abuse prevention programs, maintaining appropriate relationships with government and private agencies.
- Prohibit members of the Armed Forces, and Department of Defense civilians, while on the job, to possess, sell, or use drug paraphernalia.
- Prohibit the possession or sale of drug abuse paraphernalia by Department of Defense resale outlets, including military exchanges, open messes, commissaries, and by private organizations and concessions located on Department of Defense installations.

The Assistant Secretary of Defense for Health Affairs develops policies designed to ensure that the Department of Defense drug and alcohol abuse prevention programs reach the military members and their families, Department of Defense civilian employees and, where possible, their families. The Assistant Secretary also issues instructions to implement the drug and alcohol abuse prevention programs, with specific attention to assessment, deterrence, detection, treatment, rehabilitation, education, training, and program evaluation. The Defense Department Secretaries establish and operate programs to carry out these policies and instructions.

The current strategy of the Defense Department emphasizes several courses of action:

- Increased emphasis against the abuse of drugs and alcohol, especially while on duty;
- Aggressive use of urine testing to detect cannabis use;
- Use of urinanalysis in disciplinary proceedings and characterization of discharges; and

- Exploring ways to enhance the quality of non-commissioned officer leadership, to improve the wholesomeness of barracks life, to improve the use of off-duty time, and to improve unit cohesion.

The Department of Defense also makes use of drug and alcohol abuse prevention literature and electronic media messages developed by civilian agencies to supplement its own prevention materials. In addition, ways are being sought to initiate parent groups at military installations.

The Defense Department will continue to seek ways to develop and refine drug monitoring and assessment efforts, with particular emphasis on improved measures for drug abuse identification and treatment. Each military service will continue to carry out its responsibilities in these areas. The Department of Defense will coordinate military drug abuse control activities with other Federal and civilian agencies at home and abroad.

APPENDIX A

Executive Order 12368 of June 24, 1982

Drug Abuse Policy Functions

By the authority vested in me as President by the Constitution and laws of the United States of America, including Section 202 of the Drug Abuse Prevention, Treatment, and Rehabilitation Act, as amended (21 U.S.C. 1112), and in order to clarify the performance of drug abuse policy functions within the Executive Office of the President, it is hereby ordered as follows:

Section 1. The Office of Policy Development has been assigned to assist the President in the performance of the drug abuse policy functions contained in Section 201 of Title II of the Drug Abuse Prevention, Treatment, and Rehabilitation Act, as amended (21 U.S.C. 1111). Within the Office of Policy Development, the Director of the Drug Abuse Policy Office shall be primarily responsible for assisting the President in the performance of those functions.

Sec. 2. The Director of the Drug Abuse Policy Office is designated to direct all the activities under Title II of that Act, in accord with Section 202 (21 U.S.C. 1112). In particular, he shall be primarily responsible for assisting the President in formulating policy for, and in coordinating and overseeing, international as well as domestic drug abuse functions by all Executive agencies.

Sec. 3. The Director of the Drug Abuse Policy Office shall be directly responsible for the activities of a drug policy staff within the Office of Policy Development.

Sec. 4. Executive Order No. 12133 of May 9, 1979, is revoked.

Ronald Reagan

THE WHITE HOUSE,
June 24, 1982.

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APPENDIX B
Federal Departments and Agencies with Drug Abuse Program Responsibilities

Summary

9 Cabinet Departments
29 Departmental Agencies
4 Independent Agencies

Executive Office of the President

- Office of Policy Development, Drug Abuse Policy Office - Policy development, oversight of Federal drug activities.
- Office of Science and Technology Policy - Advice on drug abuse research issues.
- Office of Management and Budget - Budget management, clearance of proposed legislation and Congressional testimony, monitoring management and budget execution.

Department of Justice

- Drug Enforcement Administration - Drug trafficking investigations, drug intelligence, and regulatory control.
- Federal Bureau of Investigation - Concurrent jurisdiction in drug investigations, investigation of other criminal activities associated with drug trafficking.
- Immigration and Naturalization Service - Border patrol.
- Office of Justice Assistance, Research & Statistics (previously LEAA) - Juvenile justice, grants.
- Bureau of Prisons - Incarceration and rehabilitation.
- Criminal Division/U.S. Attorneys - Prosecution (25% of total Federal caseload involves drugs).
- U.S. Courts - Trials, bail, sentencing.
- El Paso Intelligence Center - National intelligence clearinghouse, operational communications, analysis.
- U.S. Marshal Service - Apprehending fugitives.
- U.S. Parole Commission - Parole determinations.

Department of Treasury

- U.S. Customs Service - Border control, air interdiction, currency investigations.
- Internal Revenue Service - Intelligence, investigations.
- Bureau of Alcohol, Tobacco and Firearms - Associated investigations and intelligence.
- Secret Service - Associated investigations.

Department of Transportation

- U.S. Coast Guard - Border control and interdiction on the high seas.
- Federal Aviation Administration - Border control.
- National Highway Traffic Safety Administration - Technical support for drunk driving programs, support for the President's Commission on Drunk Driving.

Department of State

- Bureau of International Narcotics Matters - International drug control policy development, program direction and funding.
- Agency for International Development - Foreign assistance programs.

Department of Defense

- Office of Assistant Secretary for Defense for Health Affairs - Coordination of department drug abuse programs and policy.
- Military Departments - Programs to eliminate supply of illegal drugs, provide treatment and rehabilitation services.
- National Security Agency - Intelligence support.

Department of Health and Human Services

- Alcohol, Drug Abuse and Mental Health Administration - Coordinate the activities of the subordinate institutes.

- National Institute on Drug Abuse - Primary agency for drug abuse health issues including treatment technology, biomedical, applied, and epidemiological research, and development of drug abuse prevention information.
- National Institute on Alcohol Abuse and Alcoholism - Related health activities.
- National Institute on Mental Health - Related health activities.
- Food and Drug Administration - Regulation of licit drugs, coordination with NIDA.
- Health Care Financing Administration - Medicare and Medicaid programs.
- Social Security Administration - Benefits for disabled.
- Office of Human Development Services - Administer rehabilitation services.

Department of Agriculture

- Research on plant sciences and herbicides.
- Forest Service - Management of the National forests.

Department of Labor

- Occupational Safety and Health Administration Employment training and rehabilitation.

Department of Education

- Drug and alcohol abuse education in public elementary and secondary schools.

Independent Federal Agencies

- Central Intelligence Agency - Intelligence support.
- Veteran's Administration - Treatment, rehabilitation.
- ACTION - Encourage volunteer efforts, coordinate selected prevention activities.
- International Communication Agency - Communicate U.S. programs to foreign audiences.

APPENDIX C

March 15, 1982
$ in Millions

BUDGET CROSS-CUT: FEDERAL DRUG ABUSE PROGRAMS
TOTAL PROGRAM SUMMARY

Law Enforcement Summary-Appendix C/1
Treatment & Prevention Summary Appendix C/2

AGENCY	FY 1979			FY 1980			FY 1981			FY 1982			FY 1983		
	BA	OBL	OUTL	BA	OBL	OUTL	BA	OBL	OUTL	BA	OBL	OUTL	BA	OBL	OUTL
ODAP/Drug Policy, DPS/OPD	.3	.3	.3	3	.3	.3	2	.2	.2	.2	.2	.2	.2	.2	.2
Dept. of HHS:															
*NIDA	272.1	272.1	260.9	272.2	272.2	321.2	243.9	243.9	274.6	57.1	57.1	165.9	60.3	60.3	73.0
*NIMH	10.2	10.2	10.2	8.9	8.9	8.9	8.4	8.4	8.4	*	*	*	*	*	*
SSA	.51	.51	.55	.51	.51	.51	.47	.47	.47	.57	.57	.57	.57	.57	.57
*OHD	13.5	13.5	13.5	15.3	15.3	15.3	4.7	4.7	4.7	*	*	*	*	*	*
*Dept. of Education	12.6	12.5	12.7	13.6	13.6	12.5	13.9	13.9	14.0	12.8	12.8	12.9	2.8	2.8	3.0
Veterans Administration	48.1	48.1	48.1	52.8	52.8	52.8	55.2	55.2	55.2	58.7	58.7	58.7	61.0	61.0	61.0
Dept. of Justice:															
BOP	74.8	74.8	74.8	73.8	73.8	74.8	85.3	85.3	84.8	82.8	82.8	82.3	88.9	88.9	88.3
LEAA/OJARS	31.1	31.1	31.1	27.0	27.0	25.1	–	–	12.9	4.1	4.1	5.2	.3	.3	3.1
DEA	193.7	193.4	184.8	201.7	200.7	200.7	212.7	214.3	215.0	228.6	230.2	224.9	244.6	244.6	239.8
FBI	3.4	3.4	3.4	4.7	4.7	4.7	8.3	8.3	8.3	12.4	12.4	12.4	17.8	17.8	17.8
INS	3.05	3.05	3.05	2.65	2.65	2.65	.05	.05	.05	.06	.06	.06	.06	.06	.06
Justice (Criminal Div.)	1.3	1.3	1.2	1.57	1.57	1.57	1.81	1.81	1.81	2.03	2.03	2.03	2.17	2.17	2.17
U.S. Attorneys	11.7	11.7	11.4	15.7	15.4	15.4	18.8	18.4	18.4	19.8	19.8	19.5	22.4	22.4	21.9
Dept. of State (INM)	38.5	36.7	46.7	38.5	38.4	26.9	36.0	34.7	28.0	36.7	36.7	41.0	40.0	40.0	30.9
Dept. of Defense	33.0	33.0	33.0	29.3	29.3	29.3	32.9	32.9	32.9	37.1	37.1	37.1	56.0	56.0	56.0
Dept. of Transportation:															
FAA	.55	.55	.51	.67	.67	.64	.69	.69	.69	1.01	1.01	.97	.85	.85	.82
Coast Guard	46.8	46.8	46.8	102.4	102.4	102.4	160.1	160.1	160.1	153.2	153.2	153.2	160.9	160.9	160.9
NHTSA	.82	.82	.32	.40	.40	.27	.05	.05	.05	.02	.02	.02	–	–	–
Dept. of Treasury:															
IRS	9.5	9.5	9.5	14.2	14.2	14.2	34.7	34.7	34.7	36.4	36.4	36.4	36.4	36.4	36.4
Customs	73.0	73.0	73.0	81.0	81.0	79.0	88.0	88.0	81.0	94.0	94.0	99.0	91.0	91.0	90.0
Dept. of Labor	1.54	1.54	1.54	1.41	1.41	1.41	3.35	3.35	3.35	1.28	1.28	1.28	–	–	–
USDA	2.0	2.0	2.0	2.0	2.0	2.0	1.7	1.7	1.7	1.7	1.7	1.7	1.7	1.7	1.7
FDA	2.1	2.1	2.1	1.5	1.5	1.5	1.4	1.4	1.4	1.1	1.1	1.1	1.0	1.0	1.0
ACTION	1.5	1.5	1.5	1.7	1.7	1.7	2.5	2.5	2.5	4.6	4.6	4.6	4.7	4.7	4.7
TOTAL	885.7	883.5	873.0	963.8	962.4	995.8	1,015	1,015	1,045	846.3	847.9	961.0	893.7	893.7	901.4

* Additional funding included in FY 82 & FY 83 block grant funds; minimum additional for FY 82, + $78 million, for FY 83, + $75 million.

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APPENDIX C/1

DRUG LAW ENFORCEMENT FUNDING: LAW ENFORCEMENT SUMMARY

$ in Millions

March 15, 1982

AGENCY	FY 1979			FY 1980			FY 1981			FY 1982			FY 1983		
	BA	OBL	OUTL	BA	OBL	OUTL	BA	OBL	OUTL	BA	OBL	OUTL	BA	OBL	OUTL
ODAP/Drug Policy, DPS/OPD															
Dept. of HHS:															
NIDA															
NIMH															
SSA															
OHD															
Dept. of Education															
Veterans Administration															
Dept.of Justice:															
BOP	68.9	68.9	68.9	70.9	70.9	72.1	82.3	82.3	81.9	79.7	79.7	79.3	85.7	85.7	85.2
LEAA/OJARS	18.4	18.4	16.8	17.8	17.8	15.0	–	–	11.1	–	–	3.6	–	–	–
DEA	193.1	193.0	184.4	201.7	200.7	200.7	212.7	214.3	215.0	228.6	230.2	224.9	244.6	244.6	239.8
FBI	3.4	3.4	3.4	4.7	4.7	4.7	8.3	8.3	8.3	12.4	12.4	12.4	17.8	17.8	17.8
INS	3.05	3.05	3.05	2.65	2.65	2.65	.05	.05	.05	.06	.06	.06	.06	.06	.06
Justice (Criminal Div.)	1.3	1.3	1.2	1.57	1.57	1.57	1.81	1.81	1.81	2.03	2.03	2.03	2.17	2.17	2.17
U.S. Attorneys	11.7	11.7	11.4	15.7	15.4	15.4	18.8	18.4	18.4	19.8	19.8	19.5	22.4	22.4	21.9
Dept. of State (INM)	38.5	36.7	46.7	38.5	38.4	26.9	36.0	34.7	28.0	36.7	36.7	41.0	40.0	40.0	39.0
Dept. of Defense															
Dept. of Transportation:															
FAA	.4	.4	.38	.4	.4	.38	.41	.41	.39	.44	.44	.44	.47	.47	.46
Coast Guard	45.9	45.9	45.9	101.4	101.4	101.4	159.1	159.1	159.1	152.2	152.2	152.2	159.8	159.8	159.8
NHTSA															
Dept. of Treasury:															
IRS	9.5	9.5	9.5	14.2	14.2	14.2	34.7	34.7	34.7	36.4	36.4	36.4	36.4	36.4	36.4
Customs	73.0	73.0	73.0	81.0	81.0	79.0	88.0	88.0	81.0	94.0	94.0	99.0	91.0	91.0	90.0
Dept. of Labor															
USDA	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4
FDA	2.1	2.1	2.1	1.5	1.5	1.5	1.4	1.4	1.4	1.1	1.1	1.1	1.0	1.0	1.0
ACTION															
TOTAL	470.7	468.9	468.1	553.4	552.0	536.9	645.0	644.9	642.6	664.8	666.4	673.3	702.8	702.8	695.0

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APPENDIX C/2

DRUG ABUSE PREVENTION DISCRETIONARY AND NON-DISCRETIONARY PROGRAMS: TREATMENT AND PREVENTION SUMMARY

$ in Millions

March 15, 1982

AGENCY	FY 1979			FY 1980			FY 1981			FY 1982			FY 1983		
	BA	OBL	OUTL	BA	OBL	OUTL	BA	OBL	OUTL	BA	OBL	OUTL	BA	OBL	OUTL
ODAP/Drug Policy, DPS/OPD	.3	.3	.3	.3	.3	.3	.2	.2	.2	.2	.2	.2	.2	.2	.2
Dept. of HHS:															
*NIDA	272.1	272.1	260.9	272.2	272.2	321.2	243.9	243.9	274.6	57.1	57.1	165.9	60.3	60.3	73.0
*NIMH	10.2	10.2	10.2	8.9	8.9	8.9	8.4	8.4	8.4	*	*	*	*	*	*
SSA	51	51	55	51	51	51	47	47	47	57	57	57	57	57	57
*OHD	13.5	13.5	13.5	15.3	15.3	15.3	4.7	4.7	4.7	*	*	*	*	*	*
* Dept. of Education	12.6	12.5	12.7	13.6	13.6	12.5	13.9	13.9	14.0	12.8	12.8	12.9	2.8	2.8	3.0
Veterans Administration	48.1	48.1	48.1	52.8	52.8	52.8	55.2	55.2	55.2	58.7	58.7	58.7	61.0	61.0	61.0
Dept. of Justice:															
BOP	5.9	5.9	5.9	2.9	2.9	2.7	3.0	3.0	2.9	3.1	3.1	3.0	3.2	3.2	3.1
LEAA/OJARS	12.7	12.7	14.3	9.2	9.2	10.1	–	–	1.8	4.1	4.1	1.6	.3	.3	3.1
DEA	.6	.4	.4	–	–	–	–	–	–	–	–	–	–	–	–
FBI															
INS															
Justice (Criminal Div.)															
U.S. Attorneys															
Dept. of State (INM)															
Dept. of Defense	33.0	33.0	33.0	29.3	29.3	29.3	32.9	32.9	32.9	37.1	37.1	37.1	56.0	56.0	56.0
Dept. of Transportation:															
FAA	.15	.15	.13	.27	.27	.26	.28	.28	.30	.57	.57	.53	.38	.38	.36
Coast Guard	.9	.9	.9	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.1	1.1	1.1
NHTSA	.82	.82	.32	.40	.40	.27	.05	.05	.05	.02	.02	.02	–	–	–
Dept. of Treasury:															
IRS															
Customs															
Dept. of Labor	1.54	1.54	1.54	1.41	1.41	1.41	3.35	3.35	3.35	1.28	1.28	1.28	–	–	–
USDA	.6	.6	.6	6	6	6	.3	.3	.3	.3	.3	.3	.3	.3	.3
FDA															
ACTION	1.5	1.5	1.5	1.7	1.7	1.7	2.5	2.5	2.5	4.6	4.6	4.6	4.7	4.7	4.7
TOTAL	415.0	414.4	404.8	410.4	410.4	458.9	370.2	370.2	402.7	181.4	181.4	287.7	190.9	190.9	206.4

* Additional funding included in FY 82 & FY 83 block grant funds; minimum additional for FY 82, + $78 million, for FY 83, + $75 million.

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